

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

MID-AMERICA CARPENTERS REGIONAL
COUNCIL PENSION FUND; *et al.*,

Plaintiffs,

v.

DOCK & DOOR INSTALL, INC., *et al.*,

Defendants.

24-cv-06428

Judge Andrea R. Wood

Magistrate Judge Jeannice W.
Appenteng

**PLAINTIFFS' STATEMENT OF UNDISPUTED FACT IN
SUPPORT OF THEIR MOTION FOR SUMMARY JUDGMENT
PURSUANT TO LOCAL RULE 56.1**

EXHIBITS 30-50

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOI
EASTERN DIVISION

MID-AMERICA CARPENTERS REGIONAL
COUNCIL PENSION FUND; *et al.*,

Plaintiffs,

v.

DOCK & DOOR INSTALL, INC., an Illinois
corporation and MIDWEST DOCK SOLUTIONS,
INC., an Illinois corporation,

Defendants.

Case No 1:24-cv-06428

Judge Andrea R. Wood

Magistrate Judge Jeannice
W. Appenteng

**PLAINTIFFS' STATEMENT OF UNDISPUTED FACT
IN SUPPORT OF THEIR MOTION FOR SUMMARY
JUDGMENT PURSUANT TO LOCAL RULE 56.1**

LIST OF EXHIBITS

1	Declaration of John Conklin
2	Deposition Transcript of Anthony Zarlengo
3	Deposition Transcript of Anthony Brutti
4	Deposition Transcript of Michael Richert
5	Midwest Dock Solutions Inc. Articles of Incorporation, May 16, 2006, (Exhibit 79)
6	Midwest Dock Solutions Inc. Facebook Page, (Exhibit 53)
7	Deposition Transcript of Zachary Corrigan
8	Deposition Transcript of Donald Cruikshank
9	Defendant Midwest Dock Solutions, Inc.'s Answer, [ECF#18], (Exhibit 120)
10	One Jobsite Agreement Between Midwest Dock Solutions, Inc. and Chicago Regional Council of Carpenters n/k/a Mid-America Carpenters Regional Council, Nov. 11, 2011 and GoogleMaps Screenshot of Winpak Portion Packaging Facility, Sauk Village, IL, (Exhibit 81)
11	Midwest Dock Solutions, Inc.'s Fringe Benefit Contribution Reports (Exhibit 85)
12	Deposition Transcript of David Green
13	Krusinski Construction Company Cover Letter, Jun. 11, 2014, Subcontract Agreement, Midwest Dock Solutions, Inc. Certificates of Insurance, Compstak Website, Midwest Dock Solutions, Inc. Facebook Page, and GoogleMaps Images of 14907 Gougar Road, (Exhibit 104)
14	Midwest Dock Solutions, Inc.'s Facebook Page, (Exhibit 19)

15	Deposition Transcript of Anthony Tattini
16	Midwest Dock Solutions, Inc.'s Website, (Exhibit 57)
17	Intentionally Omitted
18	Deposition Transcript of Quinten Williams
19	Subcontract Agreement Between Pepper Construction Company and Midwest Dock Solutions Inc. for North American Warehouse Expansion, Glenview, Illinois, May 15, 2020, (Exhibit 61)
20	Declaration of S. Oertley, Senior Contract Specialist, Pepper Construction Company, Nov. 4, 2025
21	Meridian Design Build: Subcontract between Meridian Design Build and Midwest Dock Solutions, Inc. for 1303 Jack Court Facility Upgrades, Bartlett, IL, May 28, 2024, (Exhibit 65)
22	Opus Design Build LLC Subcontract Agreement between Midwest Dock Solutions, Inc. and Opus Design Build LLC for Mokena Industrial Supply Spec Building A, Dec. 9, 2019
23	Deposition Transcript of Ira Sugar
24	Defendant Midwest Dock Solutions, Inc.'s Objections And Answers To Plaintiffs' First Set Of Interrogatories And Document Production Requests, (Exhibit 40)
25	Defendant Dock & Door Install, Inc.'s Responses To Plaintiffs' First Set Of Interrogatories, (Exhibit 221)
26	Deposition Transcript of Zachary Torkelson
27	Articles of Incorporation of Dock & Door Install, Inc., Jul. 11, 2014, (Exhibit 214)
28	Photograph of Anthony Brutti Race Car, (Exhibit 118)
29	Dock & Door Install, Inc. Answer, [ECF#17], (Exhibit 265)
30	Memorandum of Agreement between Dock & Door Install, Inc. and the Chicago Regional Council of Carpenters, Sep. 18, 2014, (Exhibit 219)
31	Memorandum of Agreement between Dock & Door Install, Inc. and the Chicago Regional Council of Carpenters, Aug. 15, 2019
32	Defendant Dock & Door Install, Inc.'s Responses to Plaintiffs' Document Requests, Dec. 2, 2024
33	Text Message Exchange between Callie Stephens (Gineris & Associates) and Tony Brutti, (Exhibit 106)
34	Dock & Door Install Inc. Invoices to Midwest Dock Solutions, Inc., (Exhibit 223)
35	Email from Tony Brutti, Dock & Door Install, to Tom Downs, Holden Insurance, Jul. 1, 2025, (Exhibit 151)
36	Letter from Thomas Bennington, Jr. (Lawrence Kamin Saunders & Uhlenhop, LLC) to Anthony Zarlengo, Michael Richert, and Anthony Brutti, Jul. 9, 2014, (Exhibit 215)
37	Dock & Door Install Inc. Employer Questionnaire / Application to Chicago Regional Council of Carpenters, Aug. 5, 2014, (Exhibit 218)

38	ADP Client Account Agreement and Authorization to Debit/Credit for Midwest Dock Solutions Inc., Oct. 6, 2016
39	ADP Client Account Agreement and Authorization to Debit/Credit for Dock & Door Install, Inc., Oct. 6, 2016
40	Subcontract Agreement Midwest Dock Solutions Inc. and Clayco Inc., (Exhibit 99)
41	Subcontract Agreement between Midwest Dock Solutions, Inc. and Opus Design Build LLC for Euclid Beverage Expansion Product, Mar. 26, 2024
42	ARCO/Murray Construction Company: Subcontract Agreement between Midwest Dock Solutions, Inc. and ARCO/Murray National Construction Company, Inc., Feb. 27, 2023 SUBJECT TO PROTECTIVE ORDER - TO BE FILED SEPARATELY
43	Intentionally Omitted
44	Dock & Door Install Inc. Certificate of Insurance for Krusinski Construction Company, Aug 6, 2020, (Exhibit 256)
45	Dock & Door Install Inc. Certificate of Insurance for Meridian Design Build, Inc., Apr 14, 2025, (Exhibit 257)
46	Intentionally Omitted
47	Midwest Dock Solutions, Inc. Certificates of Insurance to Krusinski Construction Company, (Exhibit 280)
48	Midwest Dock Solutions, Inc. Certificates of Insurance to Opus Design Build LLC, (Exhibit 282)
49	Midwest Dock Solutions, Inc. Certificates of Insurance to Meridian Design Build LLC, (Exhibit 279)
50	Midwest Dock Solutions, Inc. Certificate of Insurance for ARCO/Murray, LLC, (Exhibit 259)
51	Dock & Door Install Inc. Certificate of Insurance for ARCO/Murray National Holdings, Inc., Mar. 20, 2020, (Exhibit 254)
52	Midwest Dock Solutions, Inc. Certificates of Insurance to Principle Construction Company, Inc., (Exhibit 284)
53	Standard Form of Subcontract Agreement Between Principle Construction Corp. and Midwest Dock Solutions, Inc. for General RV Showroom Huntley, IL, Jan. 26, 2022, (Exhibit 64)
54	Dock & Door Install, Inc. 2016 IRS Form 1120-S (First page only), (Exhibit 172)
55	Dock & Door Install, Inc. 2017 IRS Form 1120-S (First page only), (Exhibit 175)
56	Dock & Door Install, Inc. 2018 IRS Form 1120-S (First page only), (Exhibit 178)
57	Dock & Door Install, Inc. 2019 IRS Form 1120-S (First page only), (Exhibit 181)
58	Dock & Door Install, Inc. 2020 IRS Form 1120-S (First page only), (Exhibit 184)
59	Dock & Door Install, Inc. 2021 IRS Form 1120-S (First page only), (Exhibit 187)
60	Dock & Door Install, Inc. 2022 IRS Form 1120-S (First page only), (Exhibit 190)
61	Dock & Door Install, Inc. 2023 IRS Form 1120-S (First page only), (Exhibit 193)

62	Deposition Transcript of Callie Stephens
63	Deposition Transcript of Sherri Webber
64	Steger, IL Application for Post Office Box Service, Jan. 11, 2021, (Exhibit 49)
65	Steger, IL P.O. Box Service Fee Notice of Midwest Dock Solutions and Credit Card Payment Receipts, (Exhibit 50)
66	Cincinnati Insurance Company Endorsement for Change of Address, Mar. 24, 2021, (Exhibit 240)
67	Cincinnati Insurance Company Billing Statements to P.O. Box 363 from Feb. 28, 2022 to Aug. 29, 2024, (Exhibit 48)
68	Dock & Door Install, Inc. Fringe Benefit Contribution Reports March 2021 to October 2023, (Exhibit 47)
69	Deposition Transcript of Richard Mantoan
70	Deposition Transcript of Nicolas Kelly
71	Deposition Transcript of Branden Bishop
72	Dock & Door Install Inc.'s Fringe Benefit Contribution Reports September 2014 to July 2019, (Exhibit 220)
73	Email from Callie Stephens (Gineris & Associates) to Tony Brutti, Oct. 17, 2016, (Exhibit 222)
74	Email from Sherri Webber to Callie Stephens (Gineris & Associates), Sep. 26, 2018, (Exhibit 211)
75	Quinten Williams LinkedIn Page (Exhibit 2)
76	Tony Tattini Checks from Midwest Dock Solutions, (Exhibit 35)
77	Intentionally Omitted
78	Intentionally Omitted
79	Intentionally Omitted
80	Intentionally Omitted
81	David Green and Anthony Tattini W-2s for 2017, (Exhibit 261)
82	Anthony Brutti W-2 for 2017, (Exhibit 173)
83	Anthony Brutti W-2 for 2018, (Exhibit 176)
84	Don Cruikshank, David Green, and Anthony Tattini W-2s for 2018, (Exhibit 262)
85	Anthony Brutti W-2 for 2019, (Exhibit 179)
86	Anthony Brutti W-2 for 2020, (Exhibit 182)
87	Anthony Brutti W-2 for 2021, (Exhibit 185)
88	Anthony Brutti W-2 for 2022, (Exhibit 188)
89	Jose Aguirre, Don Cruikshank, David Green, Eric Jansma, Nicolas Kelly and Collin Zarlengo W-2s for 2022, (Exhibit 264)
90	Anthony Brutti W-2 for 2023 (Exhibit 191)

91	Jose Aguirre, David Green, Eric Jansma, Nicolas Kelly and Collin Zarlengo W-2s for 2023, (Exhibit 263)
92	David Green W-2s for 2020-2024, (Exhibit 28)
93	Blue Book Building & Construction Network ProView Worksheet and Contract
94	The Blue Book Building & Construction Network Contract for the Period August 2021 through July 2023, Apr. 14, 2021, (Exhibit 105)
95	The Blue Book Building & Construction Network Contract for the Period August 2021 through July 2023, Apr. 14, 2021
96	Email from Ira Sugar, Midwest Dock Solutions Inc., to Zach Adkins, Pepper Construction Company, Nov. 4, 2019, (Exhibit 60)
97	Bid Proposal by Midwest Dock Solutions, Inc. to Opus Design Build LLC, Jan. 21, 2022 for MTC Kenosha 2021, (Exhibit 100)
98	Photograph of Midwest Dock Solutions Truck, (Exhibit 8)
99	Photograph of Midwest Dock Solutions Truck, (Exhibit 5)
100	Photograph of Midwest Dock Solutions Truck, (Exhibit 6)
101	Photograph of Midwest Dock Solutions Shirt (Exhibit 15)
102	Defendant Dock & Door Install, Inc.'s Responses To Plaintiffs' Second Set Of Interrogatories And Document Production Requests
103	Dock & Door, Inc. Deposit Summary, Sep. 1, 2022, Midwest Dock Solutions Inc. Payment of \$10,972, Dock & Door Install Inc. Invoices to Midwest Dock Solutions Inc., (Exhibit 168)
104	Email from Tony Brutti to Margaret Stredde (Esser Hayes), Apr. 20, 2021, (Exhibit 52)
105	Email Exchange Between Tony Brutti, Zack Adkins (Pepper Construction) and Ira Sugar, (Exhibit 241)
106	Email Exchange Between Tony Brutti and Zack Adkins (Pepper Construction), (Exhibit 242)
107	Email Exchange Between Tony Brutti and Christi Adams (Pepper Construction), (Exhibit 243)
108	Email Communications from Sherri Webber to Tony Brutti and Tony Zarlengo, (Exhibit 244)
109	Email Exchange Between Tony Brutti and Christi Adams (Pepper Construction), (Exhibit 246)
110	Email Exchange Between Tony Brutti and Thomas Braun (Pepper Construction), (Exhibit 250)
111	Email from Tony Brutti (Midwest Dock Solutions Inc.) to Christi Adams (Pepper Construction), Mar. 28, 2024, (Exhibit 249)
112	Email from Tony Brutti, Midwest Dock Solutions Inc., to Christi Adams, Pepper Construction, Mar. 28, 2024, (Exhibit 98)

113	Deposition Transcript of Veronica O'Connor
114	Email from Tony Brutti (Midwest Dock Solutions Inc.) to Margaret Stredde (Esser Hayes), Oct. 22, 2020, (Exhibit 287)
115	Email from Margaret Stredde (Esser Hayes) to Tony Brutti (Midwest Dock Solutions Inc.), Oct. 22, 2020, (Exhibit 288)
116	Midwest Dock Solutions, Inc. Certificate of Insurance for Principle Construction Corp., Oct. 16, 2020
117	Email from Tony Brutti (Midwest Dock Solutions Inc.) to Margaret Stredde (Esser Hayes), Oct. 23, 2020, (Exhibit 290)
118	Village of Hazel Crest Department of Building & Inspectional Services, Application for Contractor's Registration Certificate, Company Name: Midwest Dock Solutions
119	Email from Margaret Stredde, Esser Hayes, to Margaret Stredde, Oct. 23, 2020, (Exhibit 291)
120	Midwest Dock Solutions, Inc. Certificate of Insurance for Village of Hazel Crest, Oct. 23, 2020
121	Email from Tony Brutti, Midwest Dock Solutions, to Cathie Demitropoulos, Assured Partners, Jan. 11, 2021, (Exhibit 293)
122	Text Message Between Callie Stephens, Gineris & Associates, Ltd. and Tony Zarlengo, Midwest Dock Solutions, Jun. 13, 2023, (Exhibit 107), EX. 122
123	Text Message from Richard Mantoan to Tony Brutti (Exhibit 273)
124	Email from Mara Spring, Counsel for Holden Insurance, to Kevin McJessy, Plaintiffs' Counsel, Oct. 6, 2025, (Exhibit 253)
125	Deposition Transcript of Jacie Olson

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 30

Memorandum of Agreement

Employer DOCK & DOOR INSTALL, INC.

Address 1249 E. BURVILLE RD. UNIT 9

City CRETE

State

IL

Zip 60417

PHONE 815-922-5258

THIS AGREEMENT is entered into between the Chicago Regional Council of Carpenters ("Union") and the Employer, including its successors and assigns covering the geographic jurisdiction of the Union including the following counties in Illinois: Boone, Bureau, Carroll, Cook, De Kalb, DuPage, Grundy, Henderson, Henry, Iroquois, Jo Daviess, Kane, Kankakee, Kendall, Lake, La Salle, Lee, Marshall, McHenry, Mercer, Ogle, Putnam, Rock Island, Stark, Stephenson, Whiteside, Will, Winnebago. The following counties in Iowa: Allamakee, Appanoose, Benton, Black Hawk, Bremer, Buchanan, Butler, Cedar, Cerro Gordo, Chickasaw, Clayton, Clinton, Davis, Delaware, Des Moines, Dubuque, Fayette, Floyd, Franklin, Grundy, Hancock, Henry, Howard, Iowa, Jackson, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Mahaska, Mitchell, Monroe, Muscatine, Scott, Tama, Van Buren, Wapello, Washington, Wayne, Winnebago, Winneshiek, Worth, Wright. The following counties in Wisconsin: Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha. The Union and the Employer do hereby agree to the following:

1. The Employer recognizes the Union as the sole and exclusive bargaining representative on behalf of its employees who are working within the territorial and occupational jurisdiction of the Union.

2. The Employer has reviewed sufficient evidence and is satisfied that the Union is the exclusive bargaining representative of a majority of its employees presently working within the territorial and occupational jurisdiction of the Union.

3. The Employer and the Union agree to incorporate into this Memorandum Agreement and to be bound by the Agreements negotiated between the Chicago Regional Council of Carpenters and various employers and employer associations, including all Area Agreements for the period beginning with the execution of this Memorandum Agreement and ending on the expiration dates of any current and successor Agreements which are incorporated herein (see attached list). Unless the Employer provides written notice by certified mail to the Chicago Regional Council of its desire to terminate or modify the Agreement at least three (3) calendar months prior to the expiration of such Agreements, the Agreement shall continue in full force and effect through the full term and duration of all subsequent Agreements which are incorporated by reference.

4. The Employer agrees to be bound to the terms of the various Trust Agreements to which contributions are required to be made under the Agreements incorporated in Paragraph 3, including all rules and regulations adopted by the Trustees of each Fund.

In Witness Whereof the parties have executed this Memorandum of Agreement on this 18th day of September, 2014.

EMPLOYER

Anthony Brutti

Anthony Brutti, President
Print Name and Title

CHICAGO REGIONAL COUNCIL
OF CARPENTERS

John J. Lee
Authorized Regional Council
Representative



MACRC-00324

Agreements

(Central Region)

Mid American Regional Bargaining Association, Cook, Lake and DuPage
Mid American Regional Bargaining Association, Kane, Kendall and McHenry
Mid American Regional Bargaining Association, Will
Kankakee Contractors Association
Residential Construction Employers Council, Cook, Lake and DuPage
Residential Construction Employers Council, Will
Residential Construction Employers Council, Grundy
Woodworkers Association of Chicago (Mill-Cabinet)
Contractors Association of Will and Grundy Counties
Gypsum Drywall Contractors of Northern Illinois/Chicagoland Association of Wall and Ceiling Contractors
(Western Region)

Illinois

Quad City Builders Association, Commercial, Rock Island Mercer, Henry and Henderson
Floor Covering, Rock Island, Mercer, Henry and Henderson
Residential, Henry, Mercer and Henderson
Illinois Valley Contractors' Association, Bureau, LaSalle, Marshall, Putnam and Stark
Window and Door, Boone, Bureau, Carroll, DeKalb, Henderson, Henry, Jo Daviess, LaSalle, Marshall,
Mercer, Ogle, Putnam, Rock Island, Stark, Stephenson, Whiteside and Winnebago
Commercial/Residential, DeKalb, Eastern Ogle and cities in Sandwich and Somonauk
Residential Construction Employers' Council, DeKalb, Eastern Ogle and cities in Sandwich and
Somonauk
Residential Construction Employers' Council, Boone, Carroll, Jo Daviess, Lee, Ogle, Stephenson,
Whiteside and Winnebago
Northern Illinois Building Contractors Association Inc., Boone, Carroll, Jo Davies, Lee, Ogle,
Stephenson, Whiteside and Winnebago
Floor Covering, Boone, Carroll, DeKalb, Jo Daviess, Lee, Lee, Ogle, Stephenson, Whiteside and
Winnebago
Millwright, Boone, Bureau, Carroll, DeKalb, Henderson, Jo Davies, LaSalle, Lee, Marshall, Mercer,
Ogle, Putnam, Rock Island, Stark, Stephenson, Whiteside, and Winnebago
Associated General Contractors of Illinois (Heavy and Highway) Highway Districts 2-7 and portions of
1 and 8

Iowa

Commercial, Muscatine, Scott, Louisa north of Iowa River
Floorcovering, Louisa north of Iowa River, Muscatine and Scott
Residential, Clinton, Louisa, Muscatine, Scott and Seven southern most townships of Jackson County
including Monmouth, South Fork, Maquoketa, Fairfield, Van Buren, Iowa and Union
Heavy and Highway Associated Contractors Agreement Scott County
Herberger Construction Heavy and Highway
Heavy and Highway Contractors' Association- entire State except Scott County
Commercial Benton, Jones, Linn and Tama
Residential Benton, Jones, Linn and Tama
Commercial, Des Moines, Henry, Lee and Louisa south of Iowa River
Residential, Des Moines, Henry, Lee and Louisa south of Iowa River

Commercial/Residential Dubuque, Delaware, Clayton, and Six Northern Townships in Jackson
Commercial/Residential, Appanoose, Davis, Jefferson, Keokuk, Mahaska, Monroe, Van Buren, Wapello, and Wayne
Commercial, Clinton, Seven Southern most townships of Jackson including Monmouth, South Fork, Maquoketa, Fairfield, Van Buren, Iowa, and Union
Floor Covering, Dubuque, Delaware, Clayton, and six Northern Townships in Jackson Window and Door, State
Commercial, Cedar, Iowa, Johnson, Poweshiek and Washington
Commercial Interior Systems, Cedar, Iowa, Johnson, Poweshiek and Washington
Residential, Cedar, Iowa, Johnson, Poweshiek and Washington
Commercial, Cerro Gordo, Franklin, Hancock, Kossuth, Winnebago, Worth and Wright, Buchanan, Independent Contractors of Waterloo (Commercial) Butler, Chickasaw, Fayette, Floyd, Grundy, Howard, Mitchell, Winneshiek
Millwright, Adair, Allamakee, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Calhoun, Carroll, Cerro Gordo, Chickasaw, Clayton, Clarke, Clinton, Dallas, Davis, Decatur, Delaware, Des Moines, Dubuque, Emmet, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Howard, Humboldt, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Lee, Linn, Lucas, Louisa, Madison, Mahaska, Marion, Marshall, Mitchell, Monroe, Muscatine, Palo Alto, Pocahontas, Polk, Poweshiek, Ringhold, Scott, Story, Tama, Union, Van Buren, Warren, Wapello, Washington, Wayne, Webster, Winnebago, Winneshiek, Worth, Wright

(Northern Region)

Commercial Carpenters and Floor Coverers' Agreement (Wisconsin)
Commercial Carpenters Agreement, Kenosha/Racine
Millwright Erectors' Agreement
Pile Drivers' Agreement
Insulators Agreement
Overhead Door Agreement

The Employers Acknowledges receipt of a current copy of each agreement under which the company will be performing work. Each of the agreements are available upon request

It is also understood and agreed that it is the Employers obligation to make a written request of additional Collective Bargaining Agreement(s) in the event that the Company performs work in areas for which it has not already obtained a copy of the applicable Agreement.

A.B.

Employer

Date 9-18-14

RECEIVED
AUG 22 2019Memorandum of Agreement

Employer Dock + Door Install Inc. Address: 27 E. 36th Pl.
 City Steger State IL Zip 60425 PHONE 815-922-5258

THIS AGREEMENT is entered into between the Chicago Regional Council of Carpenters ("Union") and the Employer, including its successors and assigns covering the geographic jurisdiction of the Union including the following counties in Illinois: Adams, Boone, Brown, Bureau, Carroll, Cass, Champaign, Christian, Clark, Coles, Cook, Crawford, Cumberland, De Kalb, De Witt, Douglas, DuPage, Edgar, Effingham, Ford, Fulton, Green, Grundy, Hancock, Henderson, Henry, Iroquois, Jasper, Jo Daviess, Kane, Kankakee, Kendall, Knox, Lake, La Salle, Lee, Livingston, Logan, Macon, Macoupin, Marshall, Mason, McDonough, McHenry, McLean, Menard, Mercer, Montgomery, Morgan, Moultrie, Ogle, Peoria, Piatt, Pike, Putnam, Rock Island, Sangamon, Shelby, Schuyler, Scott, Stark, Stephenson, Tazewell, Vermilion, Warren, Whiteside, Will, Winnebago, Woodford. The following counties in Iowa: Louisa (north of the Iowa River), Muscatine, and Scott; For Millwright work, the Illinois counties listed above and the following Iowa counties: Allamakee, Appanoose, Benton, Black Hawk, Bremer, Buchanan, Butler, Cedar, Cerro Gordo, Chickasaw, Clayton, Clinton, Davis, Delaware, Des Moines, Dubuque, Fayette, Floyd, Franklin, Grundy, Hancock, Henry, Howard, Iowa, Jackson, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Mahaska, Mitchell, Monro, Muscatine, Scott, Tama, Van Buren, Wapello, Washington, Wayne, Winnebago, Winneshiek, Worth and Wright. The Union and the Employer do hereby agree to the following:

1. The Employer recognizes the Union as the sole and exclusive bargaining representative on behalf of its employees who are working within the territorial and occupational jurisdiction of the Union. The Employer has reviewed sufficient evidence and is satisfied that the Union is the exclusive bargaining representative of a majority of its employees presently working within the territorial and occupational jurisdiction of the Union.

2. The Employer and the Union agree to incorporate into this Memorandum Agreement and to be bound by the Agreements negotiated between the Chicago Regional Council of Carpenters and various employers and employer associations throughout its territorial jurisdiction, including all Area Agreements for the period beginning with the execution of this Memorandum Agreement and ending on the expiration dates of any current and successor Agreements which are incorporated herein. Unless the Employer provides written notice by certified mail to the Chicago Regional Council of its desire to terminate or modify the Agreements at least three (3) calendar months prior to the expiration of such Agreements or unless otherwise stated in the Agreement, the Agreements shall continue in full force and effect through the full term and duration of all subsequent Agreements which are incorporated by reference.

3. The Employer agrees to be bound to the terms of the various Trust Agreements to which contributions are required to be made under the Agreements incorporated in Paragraph 2, including all rules and regulations adopted by the Trustees of each Fund.

In Witness Whereof the parties have executed this Memorandum of Agreement on this 15th day of

August 2019.

EMPLOYER

Tony Brusti President
Tony Brusti
 Print Name and Title

CHICAGO REGIONAL COUNCIL
OF CARPENTERS

Robert Nathan James
 Authorized Regional Council
 Representative

MACRC-00327

Agreements

(Illinois Central Region)

Mid American Regional Bargaining Association, Cook, Lake and DuPage
Mid American Regional Bargaining Association, Kane, Kendall and McHenry
Mid American Regional Bargaining Association, Will
Kankakee Contractors Association
Residential Construction Employers Council, Cook, Lake and DuPage
Residential Construction Employers Council, Will
Residential Construction Employers Council, Grundy
Woodworkers Association of Chicago (Mill-Cabinet)
Contractors Association of Will and Grundy Counties
Midwest Wall and Ceiling Contractors' Association

(Illinois Western Region)

Quad City Builders Association, Commercial, Rock Island Mercer, Henry and Henderson
Floor Covering, Rock Island, Mercer, Henry and Henderson
Residential, Henry, Mercer Rock Island, and Henderson
Illinois Valley Contractors' Association Commercial, Bureau, LaSalle, Marshall, Putnam and Stark
Residential, Boone, Bureau, Carroll, DeKalb, Jo Daviess, LaSalle, Lee, Marshall, Ogle, Putnam, Stark,
Stephenson, Whiteside and Winnebago
Commercial, DeKalb, portions of Ogle and Lee
Residential Construction Employers' Council, Boone, Bureau, Carroll, DeKalb, Jo Daviess, LaSalle, Lcc,
Marshall, Ogle, Putnam, Stark, Stephenson, Whiteside and Winnebago
Northern Illinois Building Contractors Association Inc., Boone, Carroll, , Jo Daviess, portion of Lee, portion
of Ogle, Stephenson, Whiteside and Winnebago
Floor Covering, Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside and Winnebago
Millwright, Boone, Bureau, Carroll, DeKalb, Henderson, Henry, Jo Daviess, LaSalle, Lcc, Marshall,
Mercer, Ogle, Putnam, Rock Island, Stark, Stephenson, Whiteside, and Winnebago
Associated General Contractors of Illinois (Heavy and Highway) Highway Districts 2-3

(Iowa)

Quad City Builders' Association, Commercial, Muscatine, Scott, Louisa north of Iowa River
Floorcovering, Louisa north of Iowa River, Muscatine and Scott
Residential, Louisa north of the Iowa River, Muscatine, Scott
Millwright Local 2158 and the Illowa Millwright Contractors' Association, Allamakee, Appanoose, Benton,
Black Hawk, Bremer, Buchanan, Butler, Cedar, Cerro Gordo, Chickasaw, Clayton, Clinton, Davis,
Delaware, Des Moines, Dubuque, Fayette, Floyd, Franklin, Grundy, Hancock, Henry, Howard, Iowa,
Jackson, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Mahaska, Mitchell, Monroc,
Muscatine, Scott, Tama, Van Buren, Wapello, Washington, Wayne, Winnebago, Winneshiek, Worth and
Wright
Heavy and Highway Associated Contractors Agreement Scott County
Heavy and Highway Contractors' Association, Louisa north of the Iowa River and Muscatine

(Illinois Southern Region)

Central Illinois Builders of AGC
Builders' Association of Tazewell County
Greater Peoria Contractors' and Suppliers' Association, Inc.
Residential Agreement
AGC Heavy & Highway Agreement
Mid-Central Illinois Millwright Contractors' Association Agreement
Central Illinois Builders-Greater Peoria-Tazewell Commercial Agreement
Central Illinois Builders-Greater Peoria-Tazewell Residential Agreement

The Employer Acknowledges receipt of a current copy of each agreement under which the company will be performing work. Each of the agreements are available upon request

It is also understood and agreed that it is the Employers' obligation to make a request for additional Collective Bargaining Agreement(s) in the event that the Company performs work in areas for which it has not already obtained a copy of the applicable Agreement.

Dock + Door Install Inc. Terry Bruckner
Employer

Date 8-15-19

RECEIVED
AUG 22 2019

RECOGNITION AGREEMENT AND ADOPTION OF
ALL COLLECTIVE BARGAINING AGREEMENTS TO WHICH THE
CHICAGO REGIONAL COUNCIL OF CARPENTERS-SOUTHERN REGION IS A PARTY
THIS AGREEMENT made and entered into by and between

Dock + Poor Install Inc.

("the EMPLOYER") and the CHICAGO REGIONAL COUNCIL OF CARPENTERS, affiliated with the United Brotherhood of Carpenters and Joiners of America ("the REGIONAL COUNCIL").

In consideration of the benefits to be derived and for other good and valuable consideration, the parties agree and contract as follows:

1. The EMPLOYER agrees that if a majority of its employees authorize the REGIONAL COUNCIL to represent them in collective bargaining, the EMPLOYER will recognize the REGIONAL COUNCIL as the National Labor Relations Act Section 9(a) majority collective bargaining agent for all employees performing carpentry work on all present and future jobsites, within the CHICAGO REGIONAL COUNCIL OF CARPENTERS-SOUTHERN REGION territorial jurisdiction.

2. The parties agree to be bound by and observe the terms and conditions of all current collective bargaining agreements, including any amendments, extensions, or changes to such current collective bargaining agreements, to which the REGIONAL COUNCIL is a party within it's Southern Region, including, but not limited to, the REGIONAL COUNCIL's May 1, 2017 to April 30, 2020 Southern Region Master Agreement, titled "Collective Bargaining Agreement between Central Illinois Builders of A.G.C., and Greater Peoria Contractors and Suppliers Association Inc., and Chicago Regional Council of Carpenters"; "Collective Bargaining Agreement between Builders Association of Tazewell County, and Chicago Regional Council of Carpenters"; and "Collective Bargaining Agreement between Mid-Central Illinois Millwright Contractors Association, Inc., and Chicago Regional Council of Carpenters".

3. Further, the EMPLOYER agrees to be bound by and observe the terms and conditions of any and all successor agreements negotiated by the CHICAGO REGIONAL COUNCIL covering all employees performing carpentry work, unless the EMPLOYER provides the CHICAGO REGIONAL COUNCIL written notice of its intent to amend or terminate the current collective bargaining agreement or any successor agreement at least sixty (60) days, but not more than ninety (90) days prior to said agreement's expiration date.

4. Relevant EMPLOYER Information:

Federal ID # Unemployment #

Certification of Workers' Compensation Insurance Coverage:

Name of Workers' Compensation Insurance Carrier:
Cincinnati Insurance

Expiration Date of Workers' Compensation Insurance Policy: July 2020

Name and Address of Insurance Agent:
Cincinnati Insurance Company
PO Box 145620 Cincinnati OH 45250

MACRC-00330

5. THIS AGREEMENT is to be given full force and effect as of the date that appears below.

IN WITNESS WHEREOF, the parties have executed this Agreement this

15th day of August 2019
Month Year

Rock & Door Install Inc. CHICAGO REGIONAL COUNCIL OF
NAME OF COMPANY CARPENTERS

27 E. 36th Pl. #1 KALMIA WAY
STREET ADDRESS

Steger IL 60475 SPRINGFIELD, ILLINOIS 62702
CITY STATE ZIP

815-922-5258 217-744-1831
(AREA CODE) TELEPHONE NUMBER

BY: Tony Brutti BY: Robert Nathan Genn
(PLEASE PRINT) SOUTHERN REGION DIRECTOR

Tony Brutti FOR CARPENTERS LOCAL #243
(SIGNATURE)

President
TITLE

**Southern Region of the Chicago Regional Council of Carpenters
Information Sheet**

The undersigned has received the following information:

RECEIVED

AUG 22 2019

1. Copy of Collective Bargaining Agreement (Contract).
2. Southern Region Memorandum of Agreement
3. Chicago Regional Council Memorandum of Agreement
4. Responsibilities regarding payments into the various Health and Welfare, Pension, Annuities and applicable check-offs in accordance with the Contract.
5. The required relevant employer information needed on the signature sheet, i.e., Federal ID number, Unemployment number, Certification of Workers Compensation Insurance Coverage, Name of Workers Compensation Insurance Carrier, Expiration date of Workers Compensation Insurance Policy and Name and Address of Insurance Agent.
6. The Employer may be required to post a bond in accordance with the Collective Bargaining Agreement and the amount of required bond.

This information and the signing of this information sheet does not obligate or bind the Employer or the Union to any Collective Bargaining Agreements. The purpose of this information sheet is to assure that all Employers have received and recognize the above information needed before entering into a Collective Bargaining Agreement.

Date: 8-15-2019

Dock & Door Install Inc.
Name of Company

Tony Braun
Signature

President
Title

MACRC-00332

RECEIVED

AUG 22 2019

**Chicago Regional Council of Carpenters
Health, Welfare, Pension, and Annuity Trust Funds
(Trust Funds)
Participation Agreement**

WHEREAS, the undersigned Employer agrees to make required hourly contributions to applicable Trust Funds for the purpose of providing health, welfare, pension and annuity benefits for eligible Employees and their dependents, and to continue making such contributions while employing Employees performing work of a Carpenter or Millwright in the geographical area under the jurisdiction of the Chicago Regional Council of Carpenters. In addition, all other check off deductions shall be deducted as per Local Union's Wage Addendum.

NOW THEREFORE, for and in consideration of benefits to be derived and other good and valuable considerations, receipt, which is hereby acknowledged, the undersigned Employer hereby (1) subscribes to all applicable provisions of all Trust funds in effect at this time and all future revisions as approved by the appropriate Trustees of the Funds within the geographical jurisdiction of the Chicago Regional Council of Carpenters, and agrees to be bound thereby, and by any amendments thereto; (2) authorizes said parties to name Trustees and Successor Trustees to administer the Trust Fund; (3) agrees to be bound by the rules and regulations adopted by the Trustees; and (4) accepts the Welfare and Pension Plan adopted by the Trustees for eligible Employees.

Back & Door Install Inc.

Company or Corporation Name

27 E. 36th St.

Address

Steger

City

IL

State

60475

Zip Code

815-922-5258

Telephone Number

Tony Brutti President

Employer Representative/Title (Please Print)

Tony Brutti President

Employer Representative/Title (Signature)

8-15-19

Date

Corporate Seal:

MACRC-00333

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 31

RECEIVED
AUG 22 2019Memorandum of Agreement

Employer Lock + Door Install Inc. Address: 27 E. 36th Pl.
 City Steger State IL Zip 60475 PHONE 815-922-5258

THIS AGREEMENT is entered into between the Chicago Regional Council of Carpenters ("Union") and the Employer, including its successors and assigns covering the geographic jurisdiction of the Union including the following counties in *Illinois*: Adams, Boone, Brown, Bureau, Carroll, Cass, Champaign, Christian, Clark, Coles, Cook, Crawford, Cumberland, De Kalb, Dewitt, Douglas, DuPage, Edgar, Effingham, Ford, Fulton, Green, Grundy, Hancock, Henderson, Henry, Iroquois, Jasper, Jo Daviess, Kane, Kankakee, Kendall, Knox, Lake, La Salle, Lee, Livingston, Logan, Macon, Macoupin, Marshall, Mason, McDonough, McHenry, McLean, Menard, Mercer, Montgomery, Morgan, Moultrie, Ogle, Peoria, Piatt, Pike, Putnam, Rock Island, Sangamon, Shelby, Schuyler, Scott, Stark, Stephenson, Tazewell, Vermilion, Warren, Whiteside, Will, Winnebago, Woodford. The following counties in *Iowa*: Louisa (north of the Iowa River), Muscatine, and Scott; *For Millwright work, the Illinois counties listed above and the following Iowa counties*: Allamakee, Appanoose, Benton, Black Hawk, Bremer, Buchanan, Butler, Cedar, Cerro Gordo, Chickasaw, Clayton, Clinton, Davis, Delaware, Des Moines, Dubuque, Fayette, Floyd, Franklin, Grundy, Hancock, Henry, Howard, Iowa, Jackson, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Mahaska, Mitchell, Monroe, Muscatine, Scott, Tama, Van Buren, Wapello, Washington, Wayne, Winnebago, Winneshick, Worth and Wright. The Union and the Employer do hereby agree to the following:

1. The Employer recognizes the Union as the sole and exclusive bargaining representative on behalf of its employees who are working within the territorial and occupational jurisdiction of the Union. The Employer has reviewed sufficient evidence and is satisfied that the Union is the exclusive bargaining representative of a majority of its employees presently working within the territorial and occupational jurisdiction of the Union.

2. The Employer and the Union agree to incorporate into this Memorandum Agreement and to be bound by the Agreements negotiated between the Chicago Regional Council of Carpenters and various employers and employer associations throughout its territorial jurisdiction, including all Area Agreements for the period beginning with the execution of this Memorandum Agreement and ending on the expiration dates of any current and successor Agreements which are incorporated herein. Unless the Employer provides written notice by certified mail to the Chicago Regional Council of its desire to terminate or modify the Agreements at least three (3) calendar months prior to the expiration of such Agreements or unless otherwise stated in the Agreement, the Agreements shall continue in full force and effect through the full term and duration of all subsequent Agreements which are incorporated by reference.

3. The Employer agrees to be bound to the terms of the various Trust Agreements to which contributions are required to be made under the Agreements incorporated in Paragraph 2, including all rules and regulations adopted by the Trustees of each Fund.

In Witness Whereof the parties have executed this Memorandum of Agreement on this 15th day of

August 2019.

EMPLOYER

Tony Brusti President
Tony Brusti
 Print Name and Title

CHICAGO REGIONAL COUNCIL
OF CARPENTERS

Robert Nathan Jensen
 Authorized Regional Council
 Representative

Agreements

(Illinois Central Region)

Mid American Regional Bargaining Association, Cook, Lake and DuPage
Mid American Regional Bargaining Association, Kane, Kendall and McHenry
Mid American Regional Bargaining Association, Will
Kankakee Contractors Association
Residential Construction Employers Council, Cook, Lake and DuPage
Residential Construction Employers Council, Will
Residential Construction Employers Council, Grundy
Woodworkers Association of Chicago (Mill-Cabinet)
Contractors Association of Will and Grundy Counties
Midwest Wall and Ceiling Contractors' Association

(Illinois Western Region)

Quad City Builders Association, Commercial, Rock Island Mercer, Henry and Henderson
Floor Covering, Rock Island, Mercer, Henry and Henderson
Residential, Henry, Mercer Rock Island, and Henderson
Illinois Valley Contractors' Association Commercial, Bureau, LaSalle, Marshall, Putnam and Stark
Residential, Boone, Bureau, Carroll, DeKalb, Jo Daviess, LaSalle, Lee, Marshall, Ogle, Putnam, Stark,
Stephenson, Whiteside and Winnebago
Commercial, DeKalb, portions of Ogle and Lee
Residential Construction Employers' Council, Boone, Bureau, Carroll, DeKalb, Jo Daviess, LaSalle, Lee,
Marshall, Ogle, Putnam, Stark, Stephenson, Whiteside and Winnebago
Northern Illinois Building Contractors Association Inc., Boone, Carroll, , Jo Daviess, portion of Lee, portion
of Ogle, Stephenson, Whiteside and Winnebago
Floor Covering, Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside and Winnebago
Millwright, Boone, Bureau, Carroll, DeKalb, Henderson, Henry, Jo Daviess, LaSalle, Lee, Marshall,
Mercer, Ogle, Putnam, Rock Island, Stark, Stephenson, Whiteside, and Winnebago
Associated General Contractors of Illinois (Heavy and Highway) Highway Districts 2-3

(Iowa)

Quad City Builders' Association, Commercial, Muscatine, Scott, Louisa north of Iowa River
Floorcovering, Louisa north of Iowa River, Muscatine and Scott
Residential, Louisa north of the Iowa River, Muscatine, Scott
Millwright Local 2158 and the Illowa Millwright Contractors' Association, Allamakee, Appanoose, Benton,
Black Hawk, Bremer, Buchanan, Butler, Cedar, Cerro Gordo, Chickasaw, Clayton, Clinton, Davis,
Delaware, Des Moines, Dubuque, Fayette, Floyd, Franklin, Grundy, Hancock, Henry, Howard, Iowa,
Jackson, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Mahaska, Mitchell, Monroec,
Muscatine, Scott, Tama, Van Buren, Wapello, Washington, Wayne, Winnebago, Winneshiek, Worth and
Wright
Heavy and Highway Associated Contractors Agreement Scott County
Heavy and Highway Contractors' Association, Louisa north of the Iowa River and Muscatine

(Illinois Southern Region)

Central Illinois Builders of AGC
Builders' Association of Tazewell County
Greater Peoria Contractors' and Suppliers' Association, Inc.
Residential Agreement
AGC Heavy & Highway Agreement
Mid-Central Illinois Millwright Contractors' Association Agreement
Central Illinois Builders-Greater Peoria-Tazewell Commercial Agreement
Central Illinois Builders-Greater Peoria-Tazewell Residential Agreement

The Employer Acknowledges receipt of a current copy of each agreement under which the company will be performing work. Each of the agreements are available upon request

It is also understood and agreed that it is the Employers' obligation to make a request for additional Collective Bargaining Agreement(s) in the event that the Company performs work in areas for which it has not already obtained a copy of the applicable Agreement.

Dock + Door Install Inc. Tony Bratti
Employer

Date 8-15-19

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 32

UNITED STATES DISTRICT
COURT NORTHERN DISTRICT
OF ILLINOIS EASTERN
DIVISION

MID-AMERICA CARPENTERS REGIONAL
COUNCIL PENSION FUND; MID-AMERICA
CARPENTERS REGIONAL COUNCIL HEALTH
FUND; MID-AMERICA CARPENTERS
REGIONAL COUNCIL APPRENTICE AND
TRAINEE PROGRAM; and MID-AMERICA
CARPENTERS REGIONAL COUNCIL
SUPPLEMENTAL RETIREMENT FUND,

Plaintiffs,

v.

DOCK & DOOR INSTALL, INC., an Illinois
corporation and MIDWEST DOCK SOLUTIONS,
INC., an Illinois corporation,

Defendants.

Case No 1:24-cv-06428

Judge Andrea R. Wood

Magistrate Judge Jeannice
W. Appenteng

**DEFENDANT DOCK & DOOR INSTALL, INC.'S
RESPONSES TO PLAINTIFFS'
DOCUMENT REQUESTS**

Defendant DOCK & DOOR INSTALL, INC. ("Dock & Door") answers Plaintiffs'
Document Requests as follows:

DOCUMENT REQUESTS

1. For each Person identified in response to Interrogatory No. 1, produce all documents showing the type(s) of work the Person performed (for example, union contribution reports, employee lists, company flow charts, and the like).

RESPONSE:

Documents responsive to this request No. 1 were previously produced to Plaintiffs' auditor and are available for inspection and copying at Dock & Door's office and Gineris & Associates, Ltd. ("Gineris").

2. For each Person identified in response to Interrogatory No. 1, produce all documents showing the time period during which each Person worked (for example, payroll records, time records, and the like).

RESPONSE:

Documents responsive to this request No. 2 were previously produced to Plaintiffs' auditor and are available for inspection and copying at Dock & Door's office and Gineris.

3. For each Person identified in response to Interrogatory No. 1, produce all documents showing who paid the Person for his/her work (for example payroll records, cash disbursement records, IRS Form 1099, IRS Form W-2, and the like).

RESPONSE:

Documents responsive to this request No. 3 were previously produced to Plaintiffs' auditor and are available for inspection and copying at Dock & Door's office and Gineris.

4. For each Person identified in response to Interrogatory No. 1, produce all documents showing the actual payments made to the Person (for example payroll records, cash disbursement records, IRS Form 1099, IRS Form W-2, and the like).

RESPONSE:

Documents responsive to this request No. 4 were previously produced to Plaintiffs' auditor and are available for inspection and copying at Dock & Door's office and Gineris.

5. For each Person identified in response to Interrogatory No. 1, produce all documents showing how the Person's pay was calculated — (for example, hourly, salary, commission, piece rate, some combination of the foregoing, etc.).

RESPONSE:

Documents responsive to this request No. 5 were previously produced to Plaintiffs' auditor and are available for inspection and copying at Dock & Door's office and Gineris.

6. For each Person identified in response to Interrogatory No. 1, produce all documents showing the method of each payment made to the Person (for example, payroll check, cash disbursement check, cash, direct deposit, money order, etc.).

RESPONSE:

Documents responsive to this request No. 6 were previously produced to Plaintiffs' auditor and are available for inspection and copying at Dock & Door's office and

Gineris.

- .
7. For each Person identified in response to Interrogatory No. 1 who performed Bargaining Unit Work, produce all documents showing the wage rate paid to the Person for hours worked by the Person from October 1, 2020 to the present, and, if the wage rate changed, then also produce documents sufficient to show the date of such change and the amount of such change.

RESPONSE:

Documents responsive to this request No. 7 were previously produced to Plaintiffs' auditor and are available for inspection and copying at Dock & Door's office and Gineris.

- .
8. For each Person identified in response to Interrogatory No. 1 who performed Bargaining Unit Work, produce all documents showing the amount paid to the Person during the period from October 1, 2020 to the present.

RESPONSE:

Documents responsive to this request No. 8 were previously produced to Plaintiffs' auditor and are available for inspection and copying at Dock & Door's office and Gineris.

9. For each Person identified in response to Interrogatory No. 1 who performed Bargaining Unit Work, produce all documents showing the purpose of each payment made to the Person (for example, wages, expense reimbursement, vacation pay, etc.) during the period from October 1, 2020 to the present.

RESPONSE:

Documents responsive to this request No. 9 were previously produced to Plaintiffs' auditor and are available for inspection and copying at Dock & Door's office and Gineris.

- .
10. For each Person identified in response to Interrogatory No. 1 who performed Bargaining Unit Work, produce all documents showing the number of hours the Person worked (for example, timecards, time records, etc.) at any time during the period from October 1, 2020 to the present.

RESPONSE:

Documents responsive to this Request No. 10 are available for inspection and copying at Dock & Door's office.

11. For each Person identified in response to Interrogatory No. 1 who performed Bargaining

Unit Work, produce all documents showing payments made to any union or union-affiliated fringe benefit fund on the Person's behalf (for example, all monthly contribution reports to union-affiliated fringe benefit funds).

RESPONSE:

Documents responsive to this Request No. 11 were previously produced to Plaintiffs' auditor and are available for inspection and copying at Dock & Door's office.

12. For each Company identified in response to Interrogatory No. 2, produce all documents showing the type of work the Company performed (for example, contracts, invoices, work orders, and lien waivers).

RESPONSE:

There are no documents that are responsive to this Request No. 12.

13. For each Company identified in response to Interrogatory No. 2, produce all documents showing the time period(s) during which the Company performed its work.

RESPONSE:

There are no documents that are responsive to this Request No. 13.

14. For each Company identified in response to Interrogatory No. 2, produce all documents showing the number of hours the Company's employees worked on Dock & Door's project(s) on a daily basis.

RESPONSE:

There are no documents that are responsive to this Request No. 14.

15. For each Company identified in response to Interrogatory No. 2, produce all contracts, estimates, proposals, or other agreements with the Company for the work.

RESPONSE:

There are no documents that are responsive to this Request No. 15.

16. For each Company identified in response to Interrogatory No. 2, produce all invoices from the Company for the work.

RESPONSE:

There are no documents that are responsive to this Request No. 16.

17. For each Company identified in response to Interrogatory No. 2, produce all documents showing payments to the Company for the work.

RESPONSE:

There are no documents that are responsive to this Request No. 17.

18. Produce documents sufficient to identify the officers of the Dock & Door during the period from January 1, 2016 to the present.

RESPONSE:

Documents responsive to this Request No. 18 are Corporate Records, Bonds, Union Memoranda of Agreement on this packet, and Bank Cards which are available for inspection and copying at Dock & Door's office and Gineris.

19. Produce documents sufficient to identify the directors of the Dock & Door for the period from January 1, 2016 to the present.

RESPONSE:

Documents responsive to this Request No. 19 are Corporate Records, which are available for inspection and copying at Dock & Door's office and Gineris.

20. Produce documents sufficient to identify the shareholders of the Dock & Door for the period from January 1, 2016 to the present.

RESPONSE:

Documents responsive to this Request No. 20 are Corporate Records, which available for inspection and copying at Dock & Door's office and Gineris.

21. Produce all shareholder resolutions of Dock & Door for the period January 1, 2016 to the present.

RESPONSE:

Documents responsive to this Request No. 21 are available for inspection and copying at Dock & Door's office and Gineris.

22. Produce all board of director resolutions of Dock & Door for the period January 1, 2016 to the present.

RESPONSE:

Documents responsive to this Request No. 22 are available for inspection and copying

at Dock & Door's office and Gineris.

23. Produce Dock & Door's bylaws or other corporate governance documents in effect at any time during the period from January 1, 2016 to the present.

RESPONSE:

Documents responsive to this Request No. 23 are available for inspection and copying at Gineris.

24. Produce documents sufficient to show each Person who was an authorized signer at any time during the period from January 1, 2016 to the present on each Account maintained by Dock & Door.

RESPONSE:

Documents responsive to this Request No. 24 are Checks, Union Memoranda of Agreement, Bonds, and signed tax returns and are available for inspection and copying at Dock & Door's office and Gineris.

25. Produce documents sufficient to show each Person who signed checks or authorized payments from Dock & Door's Accounts during the period from January 1, 2016 to the present.

RESPONSE:

Documents responsive to this Request No. 25 are returned and cashed checks which are available for inspection and copying at Gineris.

26. Produce documents sufficient to show each Person who accessed any Dock & Door Account using the financial institution's online banking access.

RESPONSE:

Documents responsive to this Request No. 26 are available for inspection and copying at Dock & Door's office and Gineris.

27. Produce all documents showing amounts paid by Dock & Door for rent at any time during the period from January 1, 2016 to the present.

RESPONSE:

There are no documents that are responsive to this Request No. 27.

28. Produce any lease for any space where Dock & Door either maintained an office or operated its business at any time during the period from January 1, 2016 to the present.

RESPONSE:

There are no documents that are responsive to this Request No. 28.

29. Produce all documents showing who was Dock & Door's accountant at any time during the period from January 1, 2016 to the present, including all engagement letters or other agreements pursuant to which any accountant provided services to Dock & Door.

RESPONSE:

Documents responsive to this Request No. 29 are available for inspection and copying at Gineris.

30. Produce all documents showing who was Dock & Door's attorney at any time during the period from January 1, 2016 to the present, including all engagement letters or other agreements pursuant to which any attorney provided services to Dock & Door.

RESPONSE:

Investigation continues.

31. Produce all documents showing who was Dock & Door's bookkeeper at any time during the period from January 1, 2016 to the present, including all engagement letters or other agreements pursuant to which any bookkeeper provided services to Dock & Door.

RESPONSE:

Documents responsive to this Request No. 31 are available for inspection and copying at Gineris.

32. Produce all documents showing who was Dock & Door's insurance broker or insurance agent at any time during the period from January 1, 2016 to the present, including all engagement letters or other agreements pursuant to which any insurance broker or insurance agent provided services to Dock & Door.

RESPONSE:

Documents responsive to this Request No. 32 are available for inspection and copying at Dock & Door's office and Rose Couch.

33. Produce all documents showing who was Dock & Door's payroll service provider at any time during the period from January 1, 2016 to the present, including all engagement letters or other agreements pursuant to which any payroll service provider provided services to Dock & Door.

RESPONSE:

Documents responsive to this Request No. 33 are available for inspection and copying at Gineris.

34. Produce all documents showing who was Dock & Door's registered agent at any time during the period from January 1, 2016 to the present, including all engagement letters or other agreements pursuant to which any registered agent provided services to Dock & Door.

RESPONSE:

Documents responsive to this Request No. 34 are available for inspection and copying at Lawrence Kamin.

35. Produce all documents showing who was Dock & Door's tax preparer at any time during the period from January 1, 2016 to the present, including all engagement letters or other agreements pursuant to which any tax preparer provided services to Dock & Door.

RESPONSE:

Documents responsive to this Request No. 35 are available for inspection and copying at Gineris.

36. Produce all documents showing who was Dock & Door's website designer at any time during the period from January 1, 2016 to the present, including all engagement letters or other agreements pursuant to which any website design services were provided to Dock & Door.

RESPONSE:

There are no documents that are responsive to this Request No. 36.

37. Produce documents related to Dock & Door's workers compensation audits and employee classifications for its workers compensation insurance for the period January 1, 2016 to the present.

RESPONSE:

Documents responsive to this Request No. 37 are available for inspection and copying at Lamar.Rosales@cpaudits.com, Berkley Audits, Michael.Klimavicius@cinfin.com, Cincinnati Audits, Brett.Pearson@cinfin.com, 2017, 2018 Cincinnati Audit, Tehra.Sims@cinfin.com, (513)-973-3130, Cincinnati Premium Audit Collections Analyst.

38. Produce documents related to Dock & Door's workers compensation insurance policies for the period January 1, 2016 to the present, including the policies, documents showing the Companies covered by the policies, invoices for the policies and documents showing who paid for the policies.

RESPONSE:

Documents responsive to this Request No. 38 are available for inspection and copying at Dock & Door's office, Tehra Sims, and Rose Couch.

39. Produce documents related to Dock & Door's automobile insurance policies for the period January 1, 2016 to the present, including the policies, documents showing the drivers and vehicles covered by the policies, invoices for the policies, and documents showing who paid for the policies.

RESPONSE:

Documents responsive to this Request No. 39 are available for inspection and copying at Dock & Door's office or Midwest Dock.

40. Produce documents related to Dock & Door's general liability policies for the period January 1, 2016 to the present, including the policies, documents showing the Companies covered by the policies, invoices for the policies and documents showing who paid for the policies.

RESPONSE:

Documents responsive to this Request No. 40 are available for inspection and copying at Dock & Door's office and Rose Couch.

41. Produce documents related to Dock & Door's property insurance policies for the period January 1, 2016 to the present, including the policies, documents showing the property covered by the policies, invoices for the policies and documents showing who paid for the policies.

RESPONSE:

There are no documents that are responsive to this Request No. 41.

42. Produce all documents showing tools and equipment (including for example welding equipment and hand tools) owned or leased by Dock & Door, including for example, any depreciation schedules, insurance schedules, or loan application schedule of assets.

RESPONSE:

There are no documents that are responsive to this Request No. 42.

43. Produce all documents showing office equipment (including for example desktop and laptop computers, computer tablets, computer servers, desks) owned or leased by Dock & Door, including for example, any depreciation schedules, insurance schedules, or loan

application schedule of assets.

RESPONSE:

There are no documents that are responsive to this Request No. 43.

44. Produce all documents showing vehicles owned or leased by Dock & Door, including for example, any depreciation schedules, insurance schedules, or loan application schedule of assets.

RESPONSE:

There are no documents that are responsive to this Request No. 44.

45. Produce all documents showing lists of tools and equipment (including for example welding equipment and hand tools), office equipment (including office equipment such as computers, desks, furniture and), and vehicles owned or leased by Dock & Door.

RESPONSE:

There are no documents that are responsive to this Request No. 45.

46. Produce documents sufficient to show Dock & Door's inventory.

RESPONSE:

There are no documents that are responsive to this Request No. 46.

47. Produce all documents related to any social media pages maintained by Dock & Door, including but not limited to Facebook, Instagram, or LinkedIn.

RESPONSE:

There are no documents that are responsive to this Request No. 47.

48. Produce all documents related to the creation, design, maintenance, updating and hosting of any website owned or controlled by Dock & Door, including but not limited to agreements, invoices, payment records, and the like.

RESPONSE:

There are no documents that are responsive to this Request No. 48.

49. Produce documents sufficient to show any website maintained by Dock & Door at any time during the period from January 1, 2016 to the present.

RESPONSE:

There are no documents that are responsive to this Request No. 49.

50. Produce all documents related to any internet URL owned, controlled, or used by Dock & Door.

RESPONSE:

There are no documents that are responsive to this Request No. 50.

51. Produce all documents related to any email address owned, controlled, or used by Dock & Door.

RESPONSE:

There are no documents that are responsive to this Request No. 51.

52. Produce all documents related to any email addresses used by the officers, directors, or employees of Dock & Door for any Dock & Door related business.

RESPONSE:

There are no documents that are responsive to this Request No. 52.

53. Produce all contracts or agreements between Dock & Door on the one hand and Midwest Dock on the other hand.

RESPONSE:

There are no documents that are responsive to this Request No. 53.

54. Produce all documents showing any money transferred by Dock & Door to Midwest Dock.

RESPONSE:

There are no documents that are responsive to this Request No. 54.

55. Produce all documents related to any transfer of money by Dock & Door to Midwest Dock.

RESPONSE:

There are no documents that are responsive to this Request No. 55.

56. Produce all documents showing any money transferred by Midwest Dock to Dock & Door.

RESPONSE:

Documents responsive to this Request No. 56 are billing invoices, which are available for inspection and copying at Gineris.

57. Produce all documents related to any transfer of money by Midwest Dock to Dock & Door.

RESPONSE:

Documents responsive to this Request No. 57 are billing invoices, which are available for inspection and copying at Dock & Door's office and Gineris.

58. Produce all documents related to any Dock & Door "due to" or "due from" accounting entries related to Midwest Dock.

RESPONSE:

Documents responsive to this Request No. 58 are available for inspection and copying at Dock & Door's office and Gineris.

59. Produce Dock & Door's QuickBooks records.

RESPONSE:

Documents responsive to this Request No. 59 are available for inspection and copying at Gineris.

60. Produce Dock & Door's invoices for services for the period from October 1, 2020 to the present.

RESPONSE:

Documents responsive to this Request No. 60 are billing invoices, which are available for inspection and copying at Dock & Door's office and Gineris.

61. Produce all estimates, proposals, and contracts for Dock & Door's customers and potential customers for the period from October 1, 2020 to the present.

RESPONSE:

There are no documents that are responsive to this Request No. 61.

62. Produce all registrations for Dock & Door with any municipal or governmental entity, including for example any business licenses or permits.

RESPONSE:

There are no documents that are responsive to this Request No. 62.

63. Produce all contractor registrations for Dock & Door.

RESPONSE:

There are no documents that are responsive to this Request No. 63.

64. Produce any project lists showing the projects Dock & Door worked on during the period from January 1, 2016 to the present.

RESPONSE:

There are no documents that are responsive to this Request No. 64.

65. Produce Dock & Door's vendor listing for the period January 1, 2016 to the present.

RESPONSE:

There are no documents that are responsive to this Request No. 65.

66. Produce all loan applications by Dock & Door during the period January 1, 2016 to the present.

RESPONSE:

There are no documents that are responsive to this Request No. 66.

67. Produce Dock & Door's financial statements for the period January 1, 2016 to the present, including balance sheet and income statement.

RESPONSE:

Documents responsive to this Request No. 67 are available for inspection and copying at Gineris.

68. Produce all communications between Anthony Brutti on the one hand and Michael Richert or Anthony Zarlengo on the other hand.

RESPONSE:

Investigation continues.

69. Produce all contribution reports submitted by Dock & Door to any union or union-affiliated trust funds.

RESPONSE:

Documents responsive to this Request No. 69 are have been previously produced to Plaintiffs' auditors and are available for inspection and copying at Dock & Door's office.

70. Produce Dock & Door's Account statements for the period from January 1, 2016 to the present.

RESPONSE:

Documents responsive to this Request No. 70 are available for inspection and copying at Gineris.

71. Produce Dock & Door's cash disbursements journals for the period from January 1, 2016 to the present.

RESPONSE:

Documents responsive to this Request No. 71 are available for inspection and copying at Gineris.

72. Produce Dock & Door's cash receipts journal for the period from January 1, 2016 to the present.

RESPONSE:

Documents responsive to this Request No. 72 are available for inspection and copying at Gineris

73. Produce Dock & Door's check register or general ledger for the period from January 1, 2016 to the present.

RESPONSE:

Documents responsive to this Request No. 73 are available for inspection and copying at Gineris.

74. Produce Dock & Door's payroll journal for the period from January 1, 2016 to the present.

RESPONSE:

Documents responsive to this Request No. 74 are available for inspection and copying at Dock & Door's office and Gineris.

75. Produce Dock & Door's quarterly federal tax returns (Form 941) for the period from January 1, 2016 to the present.

RESPONSE:

Documents responsive to this Request No. 75 are available for inspection and copying at Gineris.

76. Produce Dock & Door's wage and tax statements (Form W-2) for the period from January 1, 2016 to the present.

RESPONSE:

Documents responsive to this Request No. 76 are available for inspection and copying at Gineris.

77. Produce Dock & Door's miscellaneous income statements (Form 1099) for the period from January 1, 2016 to the present.

RESPONSE:

Documents responsive to this Request No. 77 are available for inspection and copying at Gineris.

78. Produce Dock & Door's quarterly Illinois unemployment wage reports (Form UI 3/40) for the period from January 1, 2016 to the present.

RESPONSE:

Documents responsive to this Request No. 78 are available for inspection and copying at Gineris.

79. Produce Dock & Door's Federal Unemployment Report (Form 940) for the period from January 1, 2016 to the present.

RESPONSE:

Documents responsive to this Request No. 79 are available for inspection and copying at Gineris.

80. Produce Dock & Door's Transmittal of Income and Tax Statements (Form W-3) for the period from January 1, 2016 to the present.

RESPONSE:

Documents responsive to this Request No. 80 are available for inspection and copying at Gineris.

81. Produce Dock & Door's complete federal tax returns together with all schedules, statements, and work papers for the period from January 1, 2016 to the present.

RESPONSE:

Documents responsive to this Request No. 81 are available for inspection and copying at Gineris.

82. Produce Dock & Door's general ledger for the period from January 1, 2016 to the present.

RESPONSE:

Documents responsive to this Request No. 82 are available for inspection and copying at Gineris.

83. Produce all documents showing any communication between Dock & Door and the Union regardless of date.

RESPONSE:

Documents responsive to this Request No. 83 are available for inspection and copying at emails.

84. Produce all documents showing any communications between Dock & Door and Plaintiffs regardless of date.

RESPONSE:

Documents responsive to this Request No. 84 are available for inspection and copying at Gineris.

85. Produce all documents used to gather information to respond to any of the above interrogatories.

RESPONSE:

Payroll journals and union contribution reports were used to respond to Plaintiffs' interrogatories, were previously produced to Plaintiffs' auditor and are available for inspection and copying at Dock & Door's offices.

86. Produce all documents obtained by you in response to any subpoena in this matter.

RESPONSE:

There are no documents that are responsive to this Request No. 86.

87. Produce all statements or summaries of statements obtained by you from any witness in this case.

RESPONSE:

There are no documents that are responsive to this Request No. 87.

88. Produce all documents which you believe support any defense, in whole or in part, that you have to the Plaintiffs' claims in this lawsuit.

RESPONSE:

Investigation continues.

89. Produce all documents identified in your Rule 26(a) initial disclosures.

RESPONSE:

Documents identified in Defendant's Rule 26(a) initial disclosures are available for inspection and copying at Dock & Door's offices or Gineris.

90. Produce documents showing any opinions and conclusions reached by any expert retained by you in this lawsuit.

RESPONSE:

There are no documents that are responsive to this Request No. 90.

91. Produce all reports, memos, notes or work papers prepared by any expert retained by you in this matter.

RESPONSE:

There are no documents that are responsive to this Request No. 91.

92. Produce documents any expert retained by you relied on to form his/her conclusions and opinions, including but not limited to textbooks and other publications.

RESPONSE:

There are no documents that are responsive to this Request No. 66.

Dated: December 2, 2024

Respectfully submitted,

DOCK & DOOR INSTALL, INC.,

By: /s/ Todd A. Miller
Todd A. Miller
One of Its Attorneys

Todd A. Miller (tam@alloccomiller.com)
Kathleen M. Cahill (kmc@alloccomiller.com)
ALLOCCO, MILLER & CAHILL, P.C.
20 N. Wacker Drive, Suite 3517
Chicago, Illinois 60606
(312) 675-4325 TEL
(312) 675-4326 FAX

CERTIFICATE OF SERVICE

The undersigned, an attorney of record, hereby certifies that he electronically served the attached, *Defendant, Dock & Door Install, Inc.'s Answers to Plaintiffs' Document Requests* this 2nd day of December 2024 at the e-mail address below:

Kevin Patrick McJessy
McJessy, Ching & Thompson, LLC
3759 N. Ravenswood, Suite 231
Chicago, IL 60613
(773)880-1260
mcjessy@mcandt.com

/s/ Todd A. Miller

Todd A. Miller (#6216561)
Kathleen M. Cahill (#6269486)
ALLOCCO, MILLER & CAHILL, P.C.
Counsel for Defendant, Dock & Door
20 N. Wacker Drive, Suite 3517
Chicago, Illinois 60606
(312) 675-4325 TEL
(312) 675-4326 FAX
tam@alloccomiller.com

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 33

6:15



Tony >



Who is "left handed chassis"?

They are a racing parts supplier

Ok. So it would be for parts. No need to 1099

How about McGunnegill?

Also parts for engines

Jan 9, 2024 at 3:42 PM

Did you send invoices 12146 - 12169 to Midwest Dock? If not, I need you to send them right away.

Sending now.

Thank you

Jan 14, 2024 at 10:22 AM

Hey tony - we have a loan from JD Brutti on the books since the company's inception. Do you know about this?

Yeah it's the original startup money from Mike and Tony back when I first started. I think they wanted to keep the 2 businesses as separate as possible so they just put my dad's name on it.



iMessage



1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 34

INVOICE

Midwest Dock Solutions
27 E. 36th Place
STEGER IL 60475

Invoice Date
Jul 3, 2024

Invoice Number
12568

Reference
Service Work

Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Description	Quantity	Unit Price	Amount USD
Collin Zarlengo 6-24-24: Service Work	8.00	114.00	912.00
Collin Zarlengo 6-24-24: Service Work OT	1.00	171.00	171.00
		Subtotal	1,083.00
		TOTAL TAX	0.00
		TOTAL USD	1,083.00

Due Date: Aug 3, 2024

PAYMENT ADVICE

To: Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Customer Midwest Dock Solutions
Invoice Number 12568
Amount Due 1,083.00
Due Date Aug 3, 2024
Amount Enclosed

Enter the amount you are paying above



INVOICE

Midwest Dock Solutions
27 E. 36th Place
STEGER IL 60475

Invoice Date
Apr 10, 2024

Invoice Number
12260

Reference
Service Work

Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Description	Quantity	Unit Price	Amount USD
Dave Green 4-1-24: Service Work	8.00	110.00	880.00
Subtotal			880.00
TOTAL TAX			0.00
TOTAL USD			880.00

Due Date: May 10, 2024

PAYMENT ADVICE

To: Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Customer Midwest Dock Solutions
Invoice Number 12260
Amount Due 880.00
Due Date May 10, 2024
Amount Enclosed

Enter the amount you are paying above

INVOICE

Midwest Dock Solutions
27 E. 36th Place
STEGER IL 60475

Invoice Date
Jun 6, 2024

Invoice Number
12475

Reference
Service Work

Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Description	Quantity	Unit Price	Amount USD
Collin Zarlengo 5-23-24: Service Work	5.00	110.00	550.00
Subtotal			550.00
TOTAL TAX			0.00
TOTAL USD			550.00

Due Date: Jul 6, 2024

✂

PAYMENT ADVICE

To: Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Customer	Midwest Dock Solutions
Invoice Number	12475
Amount Due	550.00
Due Date	Jul 6, 2024
Amount Enclosed	Enter the amount you are paying above

INVOICE

Midwest Dock Solutions
27 E. 36th Place
STEGER IL 60475

Invoice Date
Jun 6, 2024

Invoice Number
12478

Reference
Service Work

Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Description	Quantity	Unit Price	Amount USD
RJ Mantoan 5-23-24: Service Work	5.00	93.00	465.00
Subtotal			465.00
TOTAL TAX			0.00
TOTAL USD			465.00

Due Date: Jul 6, 2024

PAYMENT ADVICE

To: Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Customer Midwest Dock Solutions
Invoice Number 12478
Amount Due 465.00
Due Date Jul 6, 2024
Amount Enclosed

Enter the amount you are paying above

INVOICE

Midwest Dock Solutions
27 E. 36th Place
STEGER IL 60475

Invoice Date
Jun 14, 2024

Invoice Number
12499

Reference
Service Work

Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Description	Quantity	Unit Price	Amount USD
Collin Zarlengo 5-30-24: Service Work	8.00	114.00	912.00
Collin Zarlengo 5-30-24: Service Work OT	0.50	171.00	85.50
Subtotal			997.50
TOTAL TAX			0.00
TOTAL USD			997.50

Due Date: Jul 14, 2024

PAYMENT ADVICE

To: Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Customer Midwest Dock Solutions
Invoice Number 12499
Amount Due 997.50
Due Date Jul 14, 2024
Amount Enclosed

Enter the amount you are paying above

INVOICE

Midwest Dock Solutions
27 E. 36th Place
STEGER IL 60475

Invoice Date
Jun 19, 2024

Invoice Number
12518

Reference
Service Work

Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Description	Quantity	Unit Price	Amount USD
Jose' Aguirre 6-11-24: Service Work	8.00	114.00	912.00
Subtotal			912.00
TOTAL TAX			0.00
TOTAL USD			912.00

Due Date: Jul 19, 2024

PAYMENT ADVICE

To: Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Customer Midwest Dock Solutions
Invoice Number 12518
Amount Due 912.00
Due Date Jul 19, 2024
Amount Enclosed

Enter the amount you are paying above

INVOICE

Midwest Dock Solutions
27 E. 36th Place
STEGER IL 60475

Invoice Date
Jun 14, 2024

Invoice Number
12508

Reference
Service Work

Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Description	Quantity	Unit Price	Amount USD
Branden Bishop 5-31-24: Service Work	8.00	88.00	704.00
Subtotal			704.00
TOTAL TAX			0.00
TOTAL USD			704.00

Due Date: Jul 14, 2024

PAYMENT ADVICE

To: Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Customer Midwest Dock Solutions
Invoice Number 12508
Amount Due 704.00
Due Date Jul 14, 2024

Amount Enclosed

Enter the amount you are paying above

INVOICE

Midwest Dock Solutions
27 E. 36th Place
STEGER IL 60475

Invoice Date
Jun 14, 2024

Invoice Number
12494

Reference
Service Work

Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Description	Quantity	Unit Price	Amount USD
Nico Kelly 5-30-24: Service Work	8.00	114.00	912.00
Subtotal			912.00
TOTAL TAX			0.00
TOTAL USD			912.00

Due Date: Jul 14, 2024

PAYMENT ADVICE

To: Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Customer Midwest Dock Solutions
Invoice Number 12494
Amount Due 912.00
Due Date Jul 14, 2024
Amount Enclosed

Enter the amount you are paying above

INVOICE

Midwest Dock Solutions
27 E. 36th Place
STEGER IL 60475

Invoice Date
Oct 6, 2022

Invoice Number
9623

Reference
Service Work

Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Description	Quantity	Unit Price	Amount USD
Collin Zarlengo 9-26-22: Service Work	8.00	105.00	840.00
Subtotal			840.00
TOTAL USD			840.00

Due Date: Nov 7, 2022

PAYMENT ADVICE

To: Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Customer Midwest Dock Solutions
Invoice Number 9623

Amount Due 840.00
Due Date Nov 7, 2022

Amount Enclosed

Enter the amount you are paying above

INVOICE

Midwest Dock Solutions
27 E. 36th Place
STEGER IL 60475

Invoice Date
Dec 15, 2022

Invoice Number
10053

Reference
Service Work

Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Description	Quantity	Unit Price	Amount USD
Dave Green 12-3-22: Service Work OT	8.00	157.50	1,260.00
Subtotal			1,260.00
TOTAL USD			1,260.00

Due Date: Jan 15, 2023

PAYMENT ADVICE

To: Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Customer Midwest Dock Solutions
Invoice Number 10053

Amount Due 1,260.00
Due Date Jan 15, 2023

Amount Enclosed

Enter the amount you are paying above

INVOICE

Midwest Dock Solutions
27 E. 36th Place
STEGER IL 60475

Invoice Date
Jul 26, 2022

Invoice Number
9141

Reference
Service Work

Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Description	Quantity	Unit Price	Amount USD
David Green 7-12-22: Service Work	8.00	105.00	840.00
Subtotal			840.00
TOTAL USD			840.00

Due Date: Aug 26, 2022

PAYMENT ADVICE

To: Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Customer Midwest Dock Solutions
Invoice Number 9141

Amount Due 840.00
Due Date Aug 26, 2022

Amount Enclosed

Enter the amount you are paying above

INVOICE

Midwest Dock Solutions
27 E. 36th Place
STEGER IL 60475

Invoice Date
May 19, 2022

Invoice Number
8864

Reference
Service Work

Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Description	Quantity	Unit Price	Amount USD
David Green 5-5-22: Service Work.	8.00	105.00	840.00
Subtotal			840.00
TOTAL USD			840.00

Due Date: Jun 19, 2022

PAYMENT ADVICE

To: Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Customer Midwest Dock Solutions
Invoice Number 8864

Amount Due 840.00
Due Date Jun 19, 2022

Amount Enclosed

Enter the amount you are paying above

INVOICE

Midwest Dock Solutions
27 E. 36th Place
STEGER IL 60475

Invoice Date
May 19, 2022

Invoice Number
8866

Reference
Service Work

Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Description	Quantity	Unit Price	Amount USD
David Green 5-9-22: Service Work	7.00	105.00	735.00
Subtotal			735.00
TOTAL USD			735.00

Due Date: Jun 19, 2022

PAYMENT ADVICE

To: Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Customer Midwest Dock Solutions
Invoice Number 8866

Amount Due 735.00
Due Date Jun 19, 2022

Amount Enclosed

Enter the amount you are paying above

INVOICE

Midwest Dock Solutions
27 E. 36th Place
STEGER IL 60475

Invoice Date
Jun 22, 2022

Invoice Number
8967

Reference
Service Work

Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Description	Quantity	Unit Price	Amount USD
David Green 6-2-22: Service Work	8.00	105.00	840.00
Subtotal			840.00
TOTAL USD			840.00

Due Date: Jul 22, 2022

PAYMENT ADVICE

To: Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Customer Midwest Dock Solutions
Invoice Number 8967

Amount Due 840.00
Due Date Jul 22, 2022

Amount Enclosed

Enter the amount you are paying above

INVOICE

Midwest Dock Solutions
27 E. 36th Place
STEGER IL 60475

Invoice Date
May 17, 2022

Invoice Number
8845

Reference
Service Work

Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Description	Quantity	Unit Price	Amount USD
Nico Kelly 4-29-22: Service Work	7.00	96.00	672.00
Subtotal			672.00
TOTAL USD			672.00

Due Date: Jun 17, 2022

PAYMENT ADVICE

To: Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Customer Midwest Dock Solutions
Invoice Number 8845

Amount Due 672.00
Due Date Jun 17, 2022

Amount Enclosed

Enter the amount you are paying above

INVOICE

Midwest Dock Solutions
27 E. 36th Place
STEGER IL 60475

Invoice Date
Jun 6, 2022

Invoice Number
8932

Reference
Service Work

Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Description	Quantity	Unit Price	Amount USD
Collin Zarlengo 5-20-22: Service Work	4.00	96.00	384.00
Subtotal			384.00
TOTAL USD			384.00

Due Date: Jul 6, 2022

PAYMENT ADVICE

To: Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Customer Midwest Dock Solutions
Invoice Number 8932

Amount Due 384.00
Due Date Jul 6, 2022

Amount Enclosed

Enter the amount you are paying above

INVOICE

Midwest Dock Solutions
27 E. 36th Place
STEGER IL 60475

Invoice Date
Aug 25, 2022

Invoice Number
9357

Reference
Service Work

Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Description	Quantity	Unit Price	Amount USD
Don Cruikshank 8-15-22: Service Work OT	9.00	157.50	1,417.50
Subtotal			1,417.50
TOTAL USD			1,417.50

Due Date: Sep 25, 2022

PAYMENT ADVICE

To: Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Customer Midwest Dock Solutions
Invoice Number 9357

Amount Due 1,417.50
Due Date Sep 25, 2022

Amount Enclosed

Enter the amount you are paying above

INVOICE

Midwest Dock Solutions
27 E. 36th Place
STEGER IL 60475

Invoice Date
Jul 26, 2022

Invoice Number
9147

Reference
Service Work

Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Description	Quantity	Unit Price	Amount USD
Jose' Aguirre 7-12-22: Service Work	8.00	105.00	840.00
Subtotal			840.00
TOTAL USD			840.00

Due Date: Aug 26, 2022

PAYMENT ADVICE

To: Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Customer Midwest Dock Solutions
Invoice Number 9147

Amount Due 840.00
Due Date Aug 26, 2022

Amount Enclosed

Enter the amount you are paying above

INVOICE

Midwest Dock Solutions
27 E. 36th Place
STEGER IL 60475

Invoice Date
Jul 26, 2022

Invoice Number
9148

Reference
Service Work

Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Description	Quantity	Unit Price	Amount USD
Jose' Aguirre 7-13-22: Service Work	8.00	105.00	840.00
Subtotal			840.00
TOTAL USD			840.00

Due Date: Aug 26, 2022

PAYMENT ADVICE

To: Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Customer Midwest Dock Solutions
Invoice Number 9148

Amount Due 840.00
Due Date Aug 26, 2022

Amount Enclosed

Enter the amount you are paying above

INVOICE

Midwest Dock Solutions
27 E. 36th Place
STEGER IL 60475

Invoice Date
Jun 30, 2022

Invoice Number
9048

Reference
Service Work

Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Description	Quantity	Unit Price	Amount USD
Don Cruikshank 6-16-22; Service Work	8.00	105.00	840.00
Subtotal			840.00
TOTAL USD			840.00

Due Date: Jul 30, 2022

PAYMENT ADVICE

To: Dock & Door Install Inc
27 E. 36th Place
STEGER IL 60475

Customer Midwest Dock Solutions
Invoice Number 9048

Amount Due 840.00
Due Date Jul 30, 2022

Amount Enclosed

Enter the amount you are paying above

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 35

From: [Tony Brutti](#) on behalf of [Tony Brutti <ajbrutti@gmail.com>](#)
To: [Tom Downs](#)
Subject: Re: Dock and Door Install Inc. Policies and Loss Runs
Date: Monday, July 7, 2025 9:20:51 AM
Attachments: [2025 MOD SHEET 1.82 - Dock & Door Install Inc.pdf](#)

Caution: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hey Tom, here is the Mod Worksheet you requested a while back.

On Tue, Jul 1, 2025 at 1:53 PM Tony Brutti <ajbrutti@gmail.com> wrote:

Hey Tom, we install commercial overhead doors and loading dock equipment. The door work consists of sectional garage/dock doors, rolling steel doors and high-speed doors. The loading dock equipment consists of dock levelers, dock seals and truck restraints. We mostly do work at precast concrete storage warehouses but occasionally do work at manufacturing facilities and small businesses.

On Tue, Jul 1, 2025 at 9:28 AM Tom Downs <tdowns@holdeninsurance.com> wrote:

Can you give me a scope of the what your business does

Just a summary

Get [Outlook for iOS](#)

From: Tony Brutti <ajbrutti@gmail.com>
Sent: Friday, June 27, 2025 10:49:42 AM
To: Tom Downs <tdowns@holdeninsurance.com>
Subject: Re: Dock and Door Install Inc. Policies and Loss Runs

Caution: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

FEIN number: [REDACTED]

Total Sales:

2023 \$1,553,099.75

2024 \$978,601.25

Through May 2025: \$542,215.00

I have contacted my agent about that Mod Worksheet but I haven't heard back yet.

On Fri, Jun 27, 2025 at 10:29 AM Tom Downs <tdowns@holdeninsurance.com> wrote:

What your FEIN number and total sales

Thanks

PLAINTIFF'S
EXHIBIT

151

Get [Outlook for iOS](#)

From: Tom Downs <tdowns@holdeninsurance.com>
Sent: Wednesday, June 25, 2025 10:17:42 AM
To: Tony Brutti <ajbrutti@gmail.com>
Subject: Re: Dock and Door Install Inc. Policies and Loss Runs

Hi Tony,

Do you have a mod work sheet

Get [Outlook for iOS](#)

From: Tony Brutti <ajbrutti@gmail.com>
Sent: Tuesday, June 24, 2025 11:43:43 AM
To: Tom Downs <tdowns@holdeninsurance.com>
Subject: Re: Dock and Door Install Inc. Policies and Loss Runs

You don't often get email from ajbrutti@gmail.com. [Learn why this is important](#)

Caution: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hey Tom, See attached for the Loss Run Reports we were waiting on.

On Mon, Jun 23, 2025 at 12:44 PM Tom Downs <tdowns@holdeninsurance.com> wrote:

need something listing policy year 24 -25. for loss runs [for iOS](#)

From: Tony Brutti <ajbrutti@gmail.com>
Sent: Monday, June 16, 2025 8:56:12 AM
To: Tom Downs <tdowns@holdeninsurance.com>
Subject: Dock and Door Install Inc. Policies and Loss Runs

You don't often get email from ajbrutti@gmail.com. [Learn why this is important](#)

Caution: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Tom, here are the policies and reports you requested. My agent is still waiting on a couple of workers comp reports but I have the majority of what you need.
See attached.

--
Yours,

Tony Brutti
Dock & Door Install Inc.

815-922-5258
ajbrutti@gmail.com

--
Yours,

Tony Brutti
Dock & Door Install Inc.
815-922-5258
ajbrutti@gmail.com

--
Yours,

Tony Brutti
Dock & Door Install Inc.
815-922-5258
ajbrutti@gmail.com

--
Yours,

Tony Brutti
Dock & Door Install Inc.
815-922-5258
ajbrutti@gmail.com

--
Yours,

Tony Brutti
Dock & Door Install Inc.
815-922-5258
ajbrutti@gmail.com

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 36

**LK
S
U** **LAWRENCE, KAMIN,
SAUNDERS & UHLENHOP LLC**

300 South Wacker Drive, Suite 500
Chicago Illinois 60606

312-372-1947 phone
312-372-2389 fax

www.LKSU.com
tbennington@lksu.com Direct Dial: 312-924-4261

July 9, 2014

Anthony Zarlengo
Michael Richert
Midwest Dock Solutions, Inc.
2828 E. Spruce Drive
Crete, IL 60417

Anthony Joseph Brutti
7975 Catalpa St.
Dyer, IN 46311

Dear Tony, Mike and Anthony:

As you know, we have represented and continue to represent Midwest Dock Solutions, Inc. (Midwest) and Tony Zarlengo in various matters.

Mr. Brutti (AJ) has requested that we form and organize a new corporation in Illinois named Dock & Door Install, Ltd. (DDI).

We understand that Midwest and DDI will have an ongoing business relationship (Relationship).

In order to avoid any misunderstanding between our firm, Tony, Mike, Midwest, AJ and DDI, we wanted to disclose to you our relationship to each of the parties.

While we do not believe that a conflict of interest exists, a dispute could arise between Midwest, AJ and DDI. In such event, we will not represent the Midwest, AJ or DDI with respect to the disputed matter. We would continue to represent Tony, Mike, Midwest, AJ and DDI in matters unrelated to the dispute.

Confidential information provided to us by Tony, Mike, Midwest, AJ or DDI related to the Relationship will not be held in confidence between us and any of you. However, it will be held in confidence to outside third parties. With respect to confidential information provided by Tony, Mike or Midwest unrelated to the Relationship, we will maintain confidentiality regarding that information and will not share it with AJ or DDI unless Tony, Mike or Midwest gives us permission to do so. With respect to confidential information provided by AJ or DDI unrelated to the Relationship, we will maintain confidentiality regarding that information and will not share it with Tony, Mike or Midwest unless AJ or DDI gives us permission to do so.

This letter may be signed in one or more counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same instrument. The parties may sign and deliver this letter by mail, personal delivery, facsimile transmission or email with an attached scanned signature page image. The signatories of this letter agree that delivery of this letter by facsimile, or by email with an attached scanned signature page, shall have the



Page 2

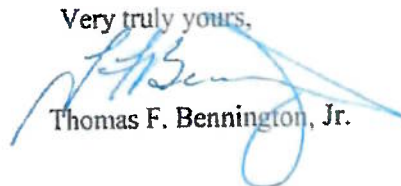
same force and effect as delivery of the original signatures and that each party may use such signatures as evidence of the execution and delivery of this letter by all parties to the same extent that an original signature could be used.

This letter will confirm that each of you approves our representation of each of the parties as described and as set forth above, consents to the above regarding information sharing and confidentiality and your agreement with the above terms.

Each of you has the right to obtain your own counsel with respect to this letter.

If the above is acceptable, please sign a copy of this letter and return it to me.

Very truly yours,




Thomas F. Bennington, Jr.

Midwest Dock Solutions, Inc.

By: 
Michael Richert, President



Anthony Zarlengo



Anthony Joseph Brutti, individually and on
behalf of Dock and Door Install Ltd.

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 37



CHICAGO REGIONAL COUNCIL OF CARPENTERS

County
Jurisdiction

Illinois
Boone
Bureau
Carrick
Cook
DeKalb
DuPage
Grund
Henderson
Henry
Judson
Jo Daviess
Kane
Kankakee
Kendall
La Salle
Lake
Lee
Marshall
McHenry
Menard
Ogle
Putnam
Rock Island
Stark
Stephenson
Whiteside
Will
Winnebago

Wisconsin
Kenosha
Milwaukee
Franklin
Racine
Washington
Winnebago

Iowa
Adair
Allamakee
Appanoose
Benton
Black Hawk
Boone
Buchanan
Butler
Cedar
Cerro
Clinton
Dallas
Delaware
Des Moines
Dubuque
Emmett
Floyd
Franklin
Grundy
Hancock
Henry
Howard
Iowa
Jackson
Jefferson
Johnson
Jones
Keokuk
Kossuth
Lee
Linn
Louisa
Mahaska
Mitchell
Monroe
Muscatine
Scott
Tama
Van Buren
Wapello
Washington
Wayne
Winnebago
Winnebago
Worth
Wright

EMPLOYER QUESTIONNAIRE / APPLICATION

This form must be filled out completely prior to signing of the Area Agreement. This information is necessary to process and extend the terms of the Collective Bargaining Agreement to any contractor on behalf of the Carpenters Union.

PLEASE PRINT OR TYPE:

BUSINESS NAME: Dock + Door Install Inc.

BUSINESS ADDRESS: 1249 E. Burville Rd. Unit 9

CITY Crete STATE: IL ZIP CODE: 60417

BUSINESS MAILING ADDRESS: 1249 E. Burville Rd. Unit 9

CITY Crete STATE IL ZIP CODE: 60417

BUSINESS TELEPHONE # 815-922-5258 FAX # _____

CELL PHONE # 815-922-5258 EMAIL: ajbrutti@gmail.com

FEDERAL I.D. NUMBER # _____

UNEMPLOYMENT COMPENSATION ACCOUNT INFORMATION:

ILLINOIS ☒ IOWA _____ WISCONSIN _____

NAME OF BUSINESS BANKS: First Midwest Bank

ADDRESS: 1290 E. Steger Rd. Crete, IL 60417

PAYROLL ACCOUNT NUMBER: # _____

WORKMENS' COMPENSATION INSURANCE (CARRIER): Esser Hayes Insurance Group

(The Chicago Regional Council of Carpenters must be named as certificate holder)

MUST SUBMIT COPY OF POLICY

POLICY NUMBER: # ENP0265614 EXPIRES: 9/22/15

WAGE AND FRINGE BENEFIT BOND (CARRIER): West Bend

BOND NUMBER # _____ AMOUNT: \$ 10,000

MUST SUBMIT ORIGINAL BOND

ACCOUNT NUMBER: # _____

(THIS NUMBER WILL BE ASSIGNED BY THE UNION)

12 East Erie Street, Chicago, Illinois 60611-2796

Phone: 312-787-3076 • Fax: 312-951-1516 • www.carpentersunion.org

Frank T. Libby, President/Executive Secretary-Treasurer • Jeffrey Isaacson, First Vice President

PLAINTIFF'S
EXHIBIT

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MACRC-00334

CORPORATION INFORMATION ONLY

Note: If the company is set up as a L.L.C. , L.L.P. or L.P we must have copies of Articles of Organization

REGISTERED AGENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PRESIDENT: Anthony Brutti SSN: # [REDACTED]

SECRETARY: Anthony Brutti SSN: # [REDACTED]

OFFICER / STOCKHOLDERS:

NAME: Anthony Brutti SSN: # [REDACTED] LOCAL UNION: # _____

NAME: _____ SSN: # _____ LOCAL UNION: # _____

NAME: _____ SSN: # _____ LOCAL UNION: # _____

SUPERINTENDENTS, OR MANAGEMENT:

(If individual is a member of the Carpenter's Union, list what local.)

NAME: Anthony Brutti SSN: # [REDACTED] LOCAL UNION: # NLP

NAME: _____ SSN: # _____ LOCAL UNION: # _____

NAME: _____ SSN: # _____ LOCAL UNION: # _____

If any of the above individuals work with the tools of the trade from time to time, please list the names of such individuals. Note: those individuals who work with the tools, will be required to pay 160 hours per month of contributions to the Health & Welfare and Pension Plan, and individuals who are/ were members of the Carpenters Union and wish to continue their benefits with the Carpenter's Union, must pay based on the above- referred 160 Hour Rule.

GENERAL INFORMATION

HOME ADDRESS: 7975 Catalpa St.
CITY Dyer STATE: IN ZIP CODE: 46311
HOME TELEPHONE: # 815-922-5258
SOCIAL SECURITY # [REDACTED]
DRIVERS LICENSE: # [REDACTED]
NAME OF PERSONAL BANK: Chase Bank
ADDRESS: 9600 Wicker Ave. St. John, IN 46373
ACCOUNT NUMBER: [REDACTED]
NUMBER OF YEARS IN BUSINESS? 0

1. Were you or any member of your family ever party to a collective bargaining agreement with this Union? No

IF YES:

2. Is this Business a continuation, purchase, merger, reorganization, etc. of a former business(es)?

YES _____ NO _____

3. Provide name, address and the account number assigned by the fringe benefit funds of the former business and a brief description of changes (merger, purchase, incorporation, of partnership, etc.)

4. If you do not assume the debts of said former business indicate here and explain

Is the company a member of any associations? If so, please list the names of those associations. As members of those associations, which, if any, has the employer assigned their bargaining rights?

YES _____ NO _____

Name of Association: _____

Does this company have collective bargaining agreements with any other crafts?

YES _____

NO _____

IF YES: Please list unions below:

Are you or any family member associated with any other construction company?

YES _____

NO ☒

IF YES: Please explain:

TYPE OF WORK:

Commercial 100%

Residential __%

Please set forth the primary work performed by the corporation and list the four predominant secondary types of work, if any, performed by the company.

Attached is a list of the various types which fall within the jurisdiction of the Carpenter's Union.

1.) Primary function of co.

2.) Secondary types of work

3.) _____

4.) _____

5.) _____

Installation of Loading
Dock Equipment & Doors

(OFFICE USE ONLY)

Code

#

code

#

code

#

code

#

code

#

LIST JOBSITES CURRENTLY WORKING ON:GENERAL CONTRACTORNAME OF PROJECTLOCATION

If you are sub-contracting who are you sub-contracting from:

Name: _____

Account No.: _____

LIST JOBSITE ANTICIPATED IN THE FUTURE:GENERAL CONTRACTORNAME OF PROJECTLOCATION

Check which counties the corporation primarily perform its work?ILLINOIS
☐ Boone
☒ DuPage

☐ Bureau
☐ Grundy

☐ Carroll
☐ Henderson

☒ Cook
☐ Henry

☐ DeKalb
☐ Iroquois

☐ Jo Daviess
☐ Lake

☒ Kane
☐ Lee

☒ Kankakee
☐ Marshall

☐ Kendall
☐ McHenry

☐ La Salle
☐ Mercer

☐ Ogle
☐ Whiteside

☐ Putnam
☒ Will

☐ Rock Island
☐ Winnebago

☐ Stark
☐
☐ Stephenson
☐

Check which counties the corporation primarily performs its work?

IOWA

<input type="checkbox"/> Adair	<input type="checkbox"/> Allamakee	<input type="checkbox"/> Appanoose	<input type="checkbox"/> Benton	<input type="checkbox"/> Black Hawk
<input type="checkbox"/> Bremer	<input type="checkbox"/> Buchanan	<input type="checkbox"/> Butler	<input type="checkbox"/> Cedar	<input type="checkbox"/> Cerro Gordo

<input type="checkbox"/> Chickasaw	<input type="checkbox"/> Clayton	<input type="checkbox"/> Clinton	<input type="checkbox"/> Davis	<input type="checkbox"/> Delaware
<input type="checkbox"/> Des Moines	<input type="checkbox"/> Dubuque	<input type="checkbox"/> Fayette	<input type="checkbox"/> Floyd	<input type="checkbox"/> Franklin

<input type="checkbox"/> Grundy	<input type="checkbox"/> Hancock	<input type="checkbox"/> Henry	<input type="checkbox"/> Howard	<input type="checkbox"/> Iowa
<input type="checkbox"/> Jackson	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Johnson	<input type="checkbox"/> Jones	<input type="checkbox"/> Keokuk

<input type="checkbox"/> Kossuth	<input type="checkbox"/> Lee	<input type="checkbox"/> Linn	<input type="checkbox"/> Louisa	<input type="checkbox"/> Mahaska
<input type="checkbox"/> Mitchell	<input type="checkbox"/> Monroe	<input type="checkbox"/> Muscatine	<input type="checkbox"/> Scott	<input type="checkbox"/> Tama

<input type="checkbox"/> Van Buren	<input type="checkbox"/> Wapello	<input type="checkbox"/> Washington	<input type="checkbox"/> Wayne	<input type="checkbox"/> Winnebago
<input type="checkbox"/> Winneshiek	<input type="checkbox"/> Worth	<input type="checkbox"/> Wright	<input type="checkbox"/>	<input type="checkbox"/>

Check which counties the corporation primarily performs its work?

WISCONSIN

<input type="checkbox"/> Kenosha	<input type="checkbox"/> Ozaukee	<input type="checkbox"/> Washington	<input type="checkbox"/> Milwaukee	<input type="checkbox"/> Racine
<input type="checkbox"/> Waukesha	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL NUMBER OF EMPLOYEES: 1

TOTAL NUMBER OF CARPENTER EMPLOYEES: 1

LIST NAMES OF CARPENTER EMPLOYEES: (attach additional page if necessary)

NAME: <u>David Green</u>	SSN# <u>[REDACTED]</u>
NAME: _____	SSN: # _____
NAME: _____	SSN: # _____
NAME: _____	SSN: # _____
NAME: _____	SSN: # _____
NAME: _____	SSN: # _____
NAME: _____	SSN: # _____
NAME: _____	SSN: # _____
NAME: _____	SSN: # _____
NAME: _____	SSN: # _____
NAME: _____	SSN: # _____
NAME: _____	SSN: # _____
NAME: _____	SSN: # _____
NAME: _____	SSN: # _____
NAME: _____	SSN: # _____
NAME: _____	SSN: # _____
NAME: _____	SSN: # _____



EMPLOYER HEREBY ACKNOWLEDGES RECEIPT OF THE AREA
AGREEMENT [authorized officer only]

By: Anthony Bruceri President 8-5-14
Signature Title Date



THE UNDERSIGNED CERTIFIES TO THE STATEMENTS SET FORTH IN THIS
QUESTIONNAIRE/APPLICATION THAT HE/SHE VERILY BELIEVES THE
ABOVE RESPONSES TO BE TRUE AND ACCURATE. [authorized officer only]

By: [Signature] _____
Signature Title Date

NAME OF BUSINESS AGENT REFERRED BY: _____

EMPLQUEST Rev 3/11/99

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 38

CLIENT NAME **NTA REE ENT AN A TH RIZATI NT EBIT/ RE IT**CLIENT NAME Midwest Dock Solutions Inc BRANCH _____ CO. CO E _____

By signing below (including an electronic signature in the case of an Internet user), CLIENT agrees to one of the debit methods listed below for the collection of one or more of the following: (1) payroll tax obligations related to ADP's Tax Filing Services, (2) payroll obligations related to ADP's Total Pay, FS and/or A PCheck Services, (3) applicable deferrals of compensation, participant loan repayment and employer matching or other contributions under any Plan (if CLIENT receives 401(k) Services) and/or (4) amounts for the applicable fees for the ADP Services. Such debits will be initiated by A P, Inc. ("A P") out of CLIENT's applicable account specified below (the "DDA Account") at the financial institution specified below ("BANK").

DEBIT METHOD (Check applicable box) The ACH method will be used to collect all service fees.

☒ ACH or PRE-AUTHORIZE RAFT BANK is authorized to charge the A ACCOUNT in accordance with the ACH provisions of this Agreement. **Note: Client electing ACH or PRE-AUTHORIZED DRAFT may be contacted by an ADP representative to make arrangements for a wire transfer of funds for impounds exceeding the established dollar limit for processing by ACH or PRE-AUTHORIZED DRAFT. Such dollar limit shall be determined by ADP in its sole discretion.**

☐ REVERSE WIRE (Over ACH Dollar Limit) In the event a single impound exceeds the established threshold for ACH processing, Client agrees that A P may initiate a request for a wire transfer of funds from the A Account in accordance with the Reverse Wire provisions on the back of this Agreement.

BANK INFORMATION: (US Banks Only)***(FSDD & ADPCheck funds must be debited from the same account)**

<input checked="" type="checkbox"/> Payroll Taxes	<input type="checkbox"/> Fees for Services	<input type="checkbox"/> TotalPay	<input checked="" type="checkbox"/> FS *	<input checked="" type="checkbox"/> A PCheck*	<input type="checkbox"/> Other _____	DS 12
Bank Transit/ABA # _____			Bank Account (D A) # _____			
Bank Name <u>First Midwest Bank</u>						
Bank Address _____						

COMPLETE THIS SECTION ONLY IF FSDD, ADPCHECK, OR TOTALPAY IS INDICATED ABOVE:

Est. No. of Employees: <u>13</u>	Est. Net Payroll: <u>\$13,700.00</u>	FS Start ate: <u>10/14/2016</u>	A PCheck Start ate: <u>10/14/2016</u>	Federal I # _____
A PCheck Partner Bank _____			State (Primary State in Which checks Will be Cashed): <u>IL</u>	

For payments from Client's bank account (including ACH debit entries), ADP may initiate debit entries to Client's checking account or other account indicated above. Client acknowledges that the origination of ACH transactions to or from Client's account(s) must comply with the provisions of U.S. law.

<p>1. Authorization. Client hereby authorizes ADP to obtain payment of amounts for the Services and other account charges by debiting Client's checking account or other account referenced above. The amounts of such payments shall be the amounts set forth on statements provided to or made available to Client by ADP (unless Client and A P otherwise agree). This authorization will remain in effect so long as Client is an ADP client and this authorization has not been terminated.</p> <p>2. Billing. ADP may debit CLIENT's checking or other account after ADP issues a statement to CLIENT, or as otherwise agreed upon, and at such other times as CLIENT may deem appropriate in connection with ADP's performance of the Services. Until ADP notifies CLIENT that payment will be made pursuant to this Agreement, CLIENT must continue to make payments by other means. A P may obtain payments based on its estimates of the necessary funds, the statements it prepares, and by other means ADP deems appropriate. ADP's only responsibility is to correct an error after CLIENT notifies ADP of an error in the CLIENT's statements.</p>	<p>3. Termination. To revoke this authorization, Client must notify A P in writing at the following address at least ten days in advance of the time when the next succeeding payment from Client is due:</p> <p>A P Payroll 5800 Windward Parkway MS # MSB 301 Alpharetta, GA 30005</p> <p>CLIENT understands that ADP reserves the right to terminate this Agreement without notice. CLIENT may revoke this authorization only by notifying ADP in the manner specified above.</p>
--	--

In consideration of BANK's compliance with this authorization, CLIENT agrees that BANK's treatment of any charge, and BANK's rights with respect thereto, shall be the same as if the charge were initiated personally by CLIENT, and that if any charge is dishonored, whether with or without cause, BANK shall be under no liability whatsoever. **In addition, CLIENT authorizes ADP to credit the DDA ACCOUNT when necessary, at ADP's sole discretion, for any refund or credit amount due CLIENT.**

In the event of any conflict between the terms and conditions of this Agreement and the ADP terms and conditions accepted by Client in a separate writing, this Agreement shall control.

This authorization shall remain in effect unless and until revoked in writing by CLIENT or an authorized representative of CLIENT, and until BANK and A P have each received such notice and have had reasonable time to act upon such notice.

DocuSigned by:
CLIENT Signature: Anthony Zarlengo ate: 10.06.2016
C55D14C15958445...
CLIENT Representative Name & Title: Anthony Zarlengo, Secretar

**Reporting Agent Authorization
(State Limited Power of Attorney &
Tax Information Authorization)**
(In accordance with Internal Revenue Service Revenue Procedures)

1 Co/Code	2 Branch	3 Federal ID Number
4 If you are a seasonal employer, check here <input type="checkbox"/>		

5 TAXPAYER LEGAL NAME (Use all capital letters. Include spaces, ampersands, and hyphens. Do not enter any other punctuation.)

Midwest Dock Solutions, Inc

6 DBA NAME (Use all capital letters. Include spaces, ampersands, and hyphens. Do not enter any other punctuation.)

7 1249 E. Burville Rd., Ste 8

Address (number, street, and room or suite no.)

Crete, IL 60417

City or town, state, and ZIP code

REPORTING AGENT: ADP Tax Services, 400 West Covina Boulevard, San Dimas, CA 91773, ID #

Authorization of Reporting Agent to Sign and File Returns

8 Use the entry lines below to indicate the tax return(s) to be filed by the Reporting Agent. Enter the beginning year for annual tax returns or beginning quarter for quarterly tax returns. See the instructions for how to enter the quarter and year. Once this authority is granted, it is effective until revoked by the taxpayer or Reporting Agent.

940	<u>2016</u>	941	<u>04 / 16</u>	940-PR		941-PR	<u>/</u>	941-SS	<u>/</u>	943	
	Tax Year		Qtr / Yr		Tax Year		Qtr / Yr		Qtr / Yr		Tax Year
943-PR		944		944-PR		945					
	Tax Year		Tax Year		Tax Year		Tax Year				

Authorization of Reporting Agent to Make Deposits and Payments

9 Use the entry lines below to enter the starting date (the first month and year) for any tax return(s) for which the Reporting Agent is authorized to make deposits or payments. See the instructions for how to enter the month and year. Once this authority is granted, it is effective until revoked by the taxpayer or Reporting Agent.

940	<u>10 / 16</u>	941	<u>10 / 16</u>	943	<u>/</u>	944	<u>/</u>	945	<u>/</u>
	Mo / Yr		Mo / Yr		Mo / Yr		Mo / Yr		Mo / Yr

Disclosure of Information to Reporting Agent

- 10a Check here to authorize the Reporting Agent to receive or request duplicate copies of tax information, notices, and other communications from the IRS, related to the authorization granted on Line 8 and/or Line 9 ☒
- 10b Check here if the reporting agent also wants to receive copies of notices from the IRS ☒

Form W-2 Series or Form 1099 Series Disclosure Authorization

11 The Reporting Agent is authorized to exchange otherwise confidential taxpayer information with the IRS, including responding to certain IRS notices relating to the Form W-2/1099 series information returns. This authority is effective for calendar years beginning:

W-2	<u>2016</u>	1099	<u>2016</u>
	Tax Year		Tax Year

State and Local Authorization12 By checking the box to the right and signing in Box 13 below, the taxpayer identified above hereby appoints ADP as Reporting Agent and grants ADP a limited power of attorney with the authority to sign and file employment tax returns and make deposits electronically, on magnetic media, or on paper for all state and local jurisdictions in which the taxpayer is required to file tax returns and make tax deposits. ADP is also hereby authorized to receive notices, correspondence and transcripts from all applicable state and local jurisdictions, resolve matters pertaining to these deposits and filings, and to request and receive deposit frequency data and any other information from applicable state and local jurisdictions related to taxpayer's employment tax returns and deposits for the tax periods indicated in Section 8 above and all returns filed and deposits made by ADP from the date hereof. ☒

This authorization shall include all applicable state and local forms and shall commence with the tax period indicated and shall remain in effect through all subsequent periods until either revoked by the taxpayer or terminated by ADP. Unless the taxpayer is required to file or deposit electronically, ADP will, in its discretion, file and make deposits on the taxpayer's behalf in one of the filing methods: electronic, magnetic media, or paper.

04 / 16
Qtr / Yr**Authorization Agreement**

I understand that this agreement does not relieve me, as the taxpayer, of the responsibility to ensure that all tax returns are filed and that all deposits and payments are made. If Line 8 is completed, the Reporting Agent named above is authorized to sign and file the return indicated, beginning with the quarter or year indicated. If any starting dates on line 9 are completed, the Reporting Agent named above is authorized to make deposits and payments beginning with the period indicated. Any authorization granted remains in effect until it is revoked by the taxpayer or Reporting Agent. I am authorizing the IRS to disclose otherwise confidential tax information to the reporting agent relating to the authority granted on Line 8 and/or Line 9 including disclosure required to process Form 8655. Disclosure authority is effective upon signature of the taxpayer and IRS receipt of Form 8655. The authority granted on Form 8655 will not revoke any Power of Attorney (Form 2848) or Tax Information Authorization (Form 8821) in effect.

13 Signature of Taxpayer or Authorized Representative

I certify that I have the authority to execute this form and authorize disclosure of otherwise confidential information on behalf of the taxpayer.

Anthony Zarlengo

Name (Required)

Secretary

Title

Signature (Required)

10.06.2016

Date (Required)

DocuSigned by:

anthony zarlengo

C55D14C15958445...



Certificate Of Completion

Envelope Id: 4784AF36C5524264A9531F52AFABD429	Status: Completed
Subject: Please DocuSign this document: MIDDOCK - RAA CAA Forms.pdf	
Source Envelope:	
Document Pages: 2	Signatures: 2
Certificate Pages: 1	Initials: 1
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	DocuSign Admin
Time Zone: (UTC-06:00) Central Time (US & Canada)	2005 Hart St
	Dyer, IN 46311
	callie@ginerisltd.com
	IP Address: 50.141.206.158

Record Tracking

Status: Original	Holder: DocuSign Admin	Location: DocuSign
10/6/2016 12:00:22 PM	callie@ginerisltd.com	

Signer Events

anthony zarlengo
zarlengo07@aol.com
Owner

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign
ID:

Signature

DocuSigned by:

C55D14C15958445...

Using IP Address: 73.9.86.11

Timestamp

Sent: 10/6/2016 12:02:32 PM
Viewed: 10/6/2016 12:06:21 PM
Signed: 10/6/2016 12:06:45 PM

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Notary Events

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent	Hashed/Encrypted	10/6/2016 12:02:32 PM
Certified Delivered	Security Checked	10/6/2016 12:06:21 PM
Signing Complete	Security Checked	10/6/2016 12:06:45 PM
Completed	Security Checked	10/6/2016 12:06:45 PM

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 39

CLIENT ACCOUNT AGREEMENT AND AUTHORIZATION TO DEBIT/CREDITCLIENT NAME Dock & Door Install Inc BRANCH _____ CO. CODE _____

By signing below (including an electronic signature in the case of an Internet user), CLIENT agrees to one of the debit methods listed below for the collection of one or more of the following: (1) payroll tax obligations related to ADP's Tax Filing Services, (2) payroll obligations related to ADP's Total Pay, FSDD and/or ADPCheck Services, (3) applicable deferrals of compensation, participant loan repayment and employer matching or other contributions under any Plan (if CLIENT receives 401(k) Services) and/or (4) amounts for the applicable fees for the ADP Services. Such debits will be initiated by ADP, Inc. ("ADP") out of CLIENT's applicable account specified below (the "DDA Account") at the financial institution specified below ("BANK").

DEBIT METHOD (Check applicable box) The ACH method will be used to collect all service fees.☒ ACH or PRE-AUTHORIZED DRAFT

BANK is authorized to charge the DDA ACCOUNT in accordance with the ACH provisions of this Agreement. **Note: Client electing ACH or PRE-AUTHORIZED DRAFT may be contacted by an ADP representative to make arrangements for a wire transfer of funds for impounds exceeding the established dollar limit for processing by ACH or PRE-AUTHORIZED DRAFT. Such dollar limit shall be determined by ADP in its sole discretion.**

☐ REVERSE WIRE (Over ACH Dollar Limit)

In the event a single impound exceeds the established threshold for ACH processing, Client agrees that ADP may initiate a request for a wire transfer of funds from the DDA Account in accordance with the Reverse Wire provisions on the back of this Agreement.

BANK INFORMATION: (US Banks Only)***(FSDD & ADPCheck funds must be debited from the same account)**

<input checked="" type="checkbox"/> Payroll Taxes	<input type="checkbox"/> Fees for Services	<input type="checkbox"/> TotalPay	<input checked="" type="checkbox"/> FSDD*	<input type="checkbox"/> ADPCheck*	<input type="checkbox"/> Other _____	<div style="border: 1px solid black; padding: 5px; text-align: center;"> DS AB </div>
Bank Transit/ABA # _____			Bank Account (DDA) # _____			
Bank Name <u>First Midwest Bank</u>						
Bank Address _____						

COMPLETE THIS SECTION ONLY IF FSDD, ADPCHECK, OR TOTALPAY IS INDICATED ABOVE:

Est. No. of Employees: <u>4</u>	Est. Net Payroll: <u>\$4,100.00</u>	FSDD Start Date: <u>10/14/2016</u>	ADPCheck Start Date: _____	Federal ID# _____
ADPCheck Partner Bank _____			State (Primary State in Which checks Will be Cashed): <u>IL</u>	

For payments from Client's bank account (including ACH debit entries), ADP may initiate debit entries to Client's checking account or other account indicated above. Client acknowledges that the origination of ACH transactions to or from Client's account(s) must comply with the provisions of U.S. law.

<p>1. Authorization. Client hereby authorizes ADP to obtain payment of amounts for the Services and other account charges by debiting Client's checking account or other account referenced above. The amounts of such payments shall be the amounts set forth on statements provided to or made available to Client by ADP (unless Client and ADP otherwise agree). This authorization will remain in effect so long as Client is an ADP client and this authorization has not been terminated.</p> <p>2. Billing. ADP may debit CLIENT's checking or other account after ADP issues a statement to CLIENT, or as otherwise agreed upon, and at such other times as CLIENT may deem appropriate in connection with ADP's performance of the Services. Until ADP notifies CLIENT that payment will be made pursuant to this Agreement, CLIENT must continue to make payments by other means. ADP may obtain payments based on its estimates of the necessary funds, the statements it prepares, and by other means ADP deems appropriate. ADP's only responsibility is to correct an error after CLIENT notifies ADP of an error in the CLIENT's statements.</p>	<p>3. Termination. To revoke this authorization, Client must notify ADP in writing at the following address at least ten days in advance of the time when the next succeeding payment from Client is due:</p> <p>ADP Payroll 5800 Windward Parkway MS # MSB 301 Alpharetta, GA 30005</p> <p>CLIENT understands that ADP reserves the right to terminate this Agreement without notice. CLIENT may revoke this authorization only by notifying ADP in the manner specified above.</p>
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In consideration of BANK's compliance with this authorization, CLIENT agrees that BANK's treatment of any charge, and BANK's rights with respect thereto, shall be the same as if the charge were initiated personally by CLIENT, and that if any charge is dishonored, whether with or without cause, BANK shall be under no liability whatsoever. **In addition, CLIENT authorizes ADP to credit the DDA ACCOUNT when necessary, at ADP's sole discretion, for any refund or credit amount due CLIENT.**

In the event of any conflict between the terms and conditions of this Agreement and the ADP terms and conditions accepted by Client in a separate writing, this Agreement shall control.

This authorization shall remain in effect unless and until revoked in writing by CLIENT or an authorized representative of CLIENT, and until BANK and ADP have each received such notice a reasonable time to act upon such notice.

DocuSigned by: Anthony Brutti
CLIENT Signature: _____ Date: 10/06/2016
B97C361C1EFA432...

CLIENT Representative Name & Title: Anthony Brutti, President



Reporting Agent Authorization (State Limited Power of Attorney & Tax Information Authorization)

(In accordance with Internal Revenue Service Revenue Procedures)

1 Co/Code	2 Branch	3 Federal ID Number

4 If you are a seasonal employer, check here ☐

5 TAXPAYER LEGAL NAME (Use all capital letters. Include spaces, ampersands, and hyphens. Do not enter any other punctuation.)

Dock & Door Install Inc

6 DBA NAME (Use all capital letters. Include spaces, ampersands, and hyphens. Do not enter any other punctuation.)

7 1249 Burville Rd., Unit 9

Crete, IL 60417

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

REPORTING AGENT: ADP Tax Services, 400 West Covina Boulevard, San Dimas, CA 91773, ID # [REDACTED]

Authorization of Reporting Agent to Sign and File Returns

8 Use the entry lines below to indicate the tax return(s) to be filed by the Reporting Agent. Enter the beginning year for annual tax returns or beginning quarter for quarterly tax returns. See the instructions for how to enter the quarter and year. Once this authority is granted, it is effective until revoked by the taxpayer or Reporting Agent.

940 <u>2016</u> Tax Year	941 <u>04 / 16</u> Qtr / Yr	940-PR _____ Tax Year	941-PR _____ Qtr / Yr	941-SS _____ Qtr / Yr	943 _____ Tax Year
943-PR _____ Tax Year	944 _____ Tax Year	944-PR _____ Tax Year	945 _____ Tax Year		

Authorization of Reporting Agent to Make Deposits and Payments

9 Use the entry lines below to enter the starting date (the first month and year) for any tax return(s) for which the Reporting Agent is authorized to make deposits or payments. See the instructions for how to enter the month and year. Once this authority is granted, it is effective until revoked by the taxpayer or Reporting Agent.

940 <u>10 / 16</u> Mo / Yr	941 <u>10 / 16</u> Mo / Yr	943 _____ Mo / Yr	944 _____ Mo / Yr	945 _____ Mo / Yr
-------------------------------	-------------------------------	----------------------	----------------------	----------------------

Disclosure of Information to Reporting Agent

- 10a Check here to authorize the Reporting Agent to receive or request duplicate copies of tax information, notices, and other communications from the IRS, related to the authorization granted on Line 8 and/or Line 9 ☒
- 10b Check here if the reporting agent also wants to receive copies of notices from the IRS ☒

Form W-2 Series or Form 1099 Series Disclosure Authorization

11 The Reporting Agent is authorized to exchange otherwise confidential taxpayer information with the IRS, including responding to certain IRS notices relating to the Form W-2/1099 series information returns. This authority is effective for calendar years beginning:

W-2 <u>2016</u> Tax Year	1099 <u>2016</u> Tax Year
-----------------------------	------------------------------

State and Local Authorization

12 By checking the box to the right and signing in Box 13 below, the taxpayer identified above hereby appoints ADP as Reporting Agent and grants ADP a limited power of attorney with the authority to sign and file employment tax returns and make deposits electronically, on magnetic media, or on paper for all state and local jurisdictions in which the taxpayer is required to file tax returns and make tax deposits. ADP is also hereby authorized to receive notices, correspondence and transcripts from all applicable state and local jurisdictions, resolve matters pertaining to these deposits and filings, and to request and receive deposit frequency data and any other information from applicable state and local jurisdictions related to taxpayer's employment tax returns and deposits for the tax periods indicated in Section 8 above and all returns filed and deposits made by ADP from the date hereof. ☒

This authorization shall include all applicable state and local forms and shall commence with the tax period indicated and shall remain in effect through all subsequent periods until either revoked by the taxpayer or terminated by ADP. Unless the taxpayer is required to file or deposit electronically, ADP will, in its discretion, file and make deposits on the taxpayer's behalf in one of the filing methods: electronic, magnetic media, or paper.

04 / 16
Qtr / Yr

Authorization Agreement

I understand that this agreement does not relieve me, as the taxpayer, of the responsibility to ensure that all tax returns are filed and that all deposits and payments are made. If Line 8 is completed, the Reporting Agent named above is authorized to sign and file the return indicated, beginning with the quarter or year indicated. If any starting dates on line 9 are completed, the Reporting Agent named above is authorized to make deposits and payments beginning with the period indicated. Any authorization granted remains in effect until it is revoked by the taxpayer or Reporting Agent. I am authorizing the IRS to disclose otherwise confidential tax information to the reporting agent relating to the authority granted on Line 8 and/or Line 9 including disclosure required to process Form 8655. Disclosure authority is effective upon signature of the taxpayer and IRS receipt of Form 8655. The authority granted on Form 8655 will not revoke any Power of Attorney (Form 2848) or Tax Information Authorization (Form 8821) in effect.

13 Signature of Taxpayer or Authorized Representative

I certify that I have the authority to execute this form and authorize disclosure of otherwise confidential information on behalf of the taxpayer.

Anthony Brutti

Name (Required)

President

Title

DocuSigned by:

Anthony Brutti

Signature (Required)

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10/06/2016

Date (Required)



Certificate Of Completion

Envelope Id: B9F0DDECCB3F427D9AF8952C6829934D	Status: Completed
Subject: Please DocuSign this document: DOCK - RAA CAA Forms.pdf	
Source Envelope:	
Document Pages: 2	Signatures: 2
Certificate Pages: 1	Initials: 1
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	DocuSign Admin
Time Zone: (UTC-06:00) Central Time (US & Canada)	2005 Hart St
	Dyer, IN 46311
	callie@ginerisltd.com
	IP Address: 50.141.206.158

Record Tracking

Status: Original	Holder: DocuSign Admin	Location: DocuSign
10/6/2016 12:20:36 PM	callie@ginerisltd.com	

Signer Events

Anthony Brutti
ajbrutti@gmail.com
Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

B97C361C1EFA432...

Using IP Address: 73.9.86.11

Timestamp

Sent: 10/6/2016 12:21:19 PM
Viewed: 10/6/2016 1:25:11 PM
Signed: 10/6/2016 1:26:18 PM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign
ID:

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Notary Events		Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	10/6/2016 12:21:19 PM
Certified Delivered	Security Checked	10/6/2016 1:25:11 PM
Signing Complete	Security Checked	10/6/2016 1:26:18 PM
Completed	Security Checked	10/6/2016 1:26:18 PM

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 40

CLAYCO

THE ART & SCIENCE OF BUILDING

SUBCONTRACT AGREEMENT

Contract Number: 34

UNILATERAL MODIFICATIONS TO THIS SUBCONTRACT FORM SHALL BE DEEMED VOID AND OF NO LEGAL EFFECT. COMMENCEMENT OF WORK AFTER RECEIPT OF THIS SUBCONTRACT FORM SHALL BE DEEMED ACCEPTANCE OF ALL OF THE TERMS AND CONDITIONS SET FORTH HEREIN WITH RESPECT TO THE PERFORMANCE OF THE WORK.

This **Subcontract Agreement** (this "Subcontract Agreement") for construction work and services is made on this date 6/10/2019, by and between:

SUBCONTRACTOR

Midwest Dock Solutions

Hereinafter referred to as "**Subcontractor**"

Tony Zarlengo

3211 Holeman Ave

South Chicago Heights IL, 60411

Phone: 708.367.0801 Fax: 708.367.0802

Email: tony@midwestdocksolutions.com

and

CONTRACTOR

Clayco, Inc.

Hereinafter called "**Contractor**"

Caitlin O'Brien

2199 Innerbelt Business Center Drive

St. Louis MO, 63114

In connection with the project commonly referred to:

103376 - Project Bluepoint

Hereinafter referred to as "**the Project**"

11900 122nd Street

Pleasant Prairie WI, 53158

Work Description: Overhead DoorsThe **OWNER** for the Project is:

Bluepoint 94, LLC

Hereinafter referred to as "**the Owner**"

Mark Goode

9500 Bryn Mawr Ave

Rosemont IL, 60018

The **ARCHITECT** for the Project is:

BatesForum

Hereinafter referred to as "**the Architect**"

Alba Colavitti

35 E. Wacker Drive

Chicago IL, 60601

Contract Price: (\$86,000.00)

INVOICE LINE #	DESCRIPTION	AMOUNT
01-08-08332300-S	Overhead Coiling Doors	\$86,000.00

Retainage: The rate of retainage shall be (10.00% "Percent")**Design-Build Included?** No**Engineering Services in Scope of Work?** No**Professional Services in Scope of Work?** No**CCIP:** Subcontractor is enrolled in Contractor Coordinated Insurance Program ("CCIP") for the Project?**Bond:** Subcontractor is required to provide a bond (see Article XI, Bonding of Subcontractor)? NoPLAINTIFF'S
EXHIBIT

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Each of the following Exhibits, Attachments, and Subcontractor Submittals (defined below) are included and incorporated as part of the Subcontractor Agreement:

Exhibit A:	General Insurance Requirements (if applicable)
Exhibit B:	List of Lower Tier Subcontractors and Suppliers, and Designer, if any
Exhibit C:	Subcontractor's Scope of Work
Exhibit D:	Subcontractor Compliance Certificate
Exhibit E:	Substance Abuse Testing Certification (applicable to subcontractor and/or its lower tiers that employ or utilize non-union workers)
Exhibit F:	Gifts and Gratuities Certification
Exhibit G:	Special Provisions of General Contract and Other Additional Provisions

Contract Attachment Description

Attachment A - Drawing Document List - 06-10-2019

Attachment B - Blueprint - Construction Schedule 20190409

Attachment C Work Rules 2019 12 03 2018

Attachment D - Non-CCIP Insurance Certificate - Project Bluepoint 101-03376

Attachment G Dropped Item Prevention Program 2017.08.22

Attachment J - Project Applications

Attachment SA SSSP 2019 02 20 v2

Exhibit A 2013.06.17

I. Contract Documents

The "Contract Documents" as such term is used herein shall mean and consist of the following:

1. This Subcontract Agreement, together with all Exhibits and Attachments;
2. The Invitation to Bid Package;
3. The agreement between Contractor and Owner (the "General Contract"), and all of its component parts including but not limited to the plans, specifications, general conditions (including any warranty and indemnity provisions), special conditions, supplementary conditions, reference standards, bulletins, addenda, exhibits, attachments, change orders and amendments from time to time; and
4. Contractor's Work Rules (also known as "Safety Work Rules"), Substance Abuse Policy and Drug Free Program and any and all health and safety policies, programs and requirements provided in the Invitation to Bid Package or otherwise ("Safety Requirements") and available to Subcontractor at any time upon request as may be amended from time to time.

The Contract Documents are incorporated in this Subcontract Agreement by reference, and Subcontractor is bound by the Contract Documents insofar as they relate in any way, directly or indirectly, to the work covered by this Subcontract Agreement. With respect to Subcontractor's Scope of Work, Subcontractor agrees to be bound to Contractor in the same manner and to the same extent as Contractor is bound to Owner under the terms of the General Contract. Where, in the Contract Documents, reference is made to Contractor and the work or specifications therein pertain to Subcontractor's trade, craft or type of work, such work or specifications shall be interpreted to apply to Subcontractor instead of to Contractor.

In accordance with Section I of this Subcontract, Subcontractor acknowledges it has reviewed Exhibit G –Special Provisions of General Contract and Other Additional Provisions, and agrees to be bound by all such provisions in the same manner as the Contractor is bound to the Owner under the General Contract with respect to the Subcontract Work performed under the Subcontract. To the extent that Contractor is required by the Owner to modify Exhibit G after execution of this Subcontract, Subcontractor shall execute a no-cost Change Order incorporating Exhibit G; as it may be amended into this Subcontract.

Contractor shall have the benefit of all rights and remedies against Subcontractor which the Owner, by the Contract Documents, has against the Contractor, insofar as is applicable to this Subcontract: provided that where any provision of the Contract Documents between the Owner and the Contractor could be interpreted to provide the Contractor with rights against the Subcontractor less than or more limited than those provided in favor of the Contractor in this Subcontract Agreement, this Subcontract Agreement shall govern. This Subcontract Agreement and the General Contract shall be read together so that, under no circumstances, with respect to the Subcontractor's work, shall Subcontractor's obligations to Contractor be less than the Contractor's obligations to Owner. If a conflict in the Contract Documents is discovered, then the provision imposing the most demanding or the most costly interpretation shall prevail unless waived by Contractor in writing.

Prior to execution of this Subcontract Agreement, copies of the General Contract (including the contract documents incorporated therein) were made available by Contractor for Subcontractor's inspection at the Contractor's office and Subcontractor has had the opportunity to review all of the Contract Documents. Subcontractor enters into this Subcontract Agreement with full knowledge of the requirements set forth therein.

Subcontractor agrees that all Subcontract Work shall be performed in accordance with the Contract Documents and that it shall ensure that any sub-subcontractors and suppliers are bound to the Contract Documents with respect to any portion of the Work they perform.

This Subcontract Agreement constitutes the final and complete agreement between Contractor and Subcontractor and supersedes all prior or contemporaneous communications, representations, or agreements, whether oral or written, relating to the subject matter of this Subcontract Agreement.

II. Scope of Work

Subcontractor agrees to furnish all necessary materials, labor, employee benefits, tools, equipment, supplies, materials, services, fixtures, installation, safety, protection, hoisting, insurance, taxes, fees, licenses, permits (except building permit), transportation, scaffolding, supervision, temporary storage and other facilities of every kind and description required and necessary to perform the prompt and efficient execution of the work set forth as follows:

Exhibit C (referred to herein as “Subcontractor’s Scope of Work” or the “Subcontract Work”).

Subcontractor shall maintain all applicable permits throughout the duration of the Project.

Subcontractor agrees to complete the Subcontract Work described in Exhibit C in accordance with and reasonably inferable from, that which is indicated in the Contract Documents and consistent with the Progress Schedule (defined in Section XIV herein). Subcontractor will perform all of the work that falls within the general area of its scope, regardless of the fact that the work to be performed may be distributed throughout the plans and specifications, and Contract Documents, as well as all incidental work reasonably necessary to complete the scope of work. The Subcontractor shall perform the Subcontract Work under the general direction of the Contractor.

III. Contract Price

Contractor agrees to pay, or caused to be paid, Subcontractor as consideration for the performance of the Subcontract Work, the Contract Price stated on Page 1 of this Subcontract Agreement, subject to additions and deductions for changes in the Subcontract Work as provided for in the Contract Documents.

IV. List of Lower Tier Subcontractors and Suppliers, and Designer, if any:

Within five (5) days of execution of this Subcontract Agreement, and prior to payment by Contractor on any Application for Payment (defined herein) Subcontractor shall complete and return to Contractor Exhibit B - List of Lower Tier Subcontractors and Suppliers, and Designer, if any, identifying all of Subcontractor’s lower tier subcontractors and suppliers, and Designer, if any, that Subcontractor intends to use on the Project, together with any union trade and local with whom Subcontractor or its lower tier subcontractors are affiliated. Contact information (including address, phone number, contact person, and other available information) shall be provided for each entity identified. Subcontractor shall immediately notify Contractor in writing if Subcontractor adds to or changes any lower tier subcontractors or suppliers, unions, collective bargaining unit fringe benefit fund, and Designer, if any for the Project. Subcontractor shall not engage a lower tier subcontractor with an EMR ≥ 1.0 without first obtaining the consent in writing of Contractor to such engagement. The notification requirements for Exhibit B is intended to include unions, and collective bargaining unit fringe benefit funds for any lower-tier subcontractor utilized by Subcontractor to complete the Subcontract Work.

Subcontractor shall not assign this Subcontract Agreement or any amounts due or to become due thereunder to any third party without prior written consent of the Contractor, and shall not subcontract the whole or any portion of this Subcontract Agreement (the “Sublet Work”) without prior written consent of the Contractor (except to those subcontractors or vendors identified in Exhibit B). If Subcontractor does, with approval, sublet this Subcontract Agreement or any part thereof, it shall require that its subcontractor be bound to Subcontractor and to assume toward Subcontractor all of the obligations and responsibilities that Subcontractor has assumed toward Contractor. Approval of a sub-subcontractor will not imply that Contractor assumes any responsibility for such sub-subcontractor or that sub-subcontractor is relieved of any responsibility with respect to the Sublet Work. Subcontractor will not sublet any portion of the Subcontract Work to or enter into an agreement with an employee leasing company without Contractor’s prior written approval.

A revised Exhibit B is required with any (1) change orders modifying Exhibit B information; (2) changes in subcontractors or suppliers; and/or (3) change in scope of Work.

V. Compliance

Subcontractor is an independent contractor and shall comply with all laws, orders, citations, rules, regulations, standards and statutes affecting or relating to this Subcontract Agreement or its performance, including but not limited to those with respect to occupational health and safety, the handling and storage of hazardous materials, federal, state and local tax laws, social security acts, unemployment compensation acts, and immigration reform and control acts.

Subcontractor and all of its subcontractors, regardless of tier, shall be licensed as a trade contractor for this work, and shall be licensed to operate in respect to its scope of work, at the Project site location, all as required by the licensure requirements of the applicable state, municipal and local authorities. Such licenses shall be maintained throughout the duration of the Project.

Subcontractor agrees to comply with the contractor's prequalification process including, but not limited to, safety and financial reviews.

Subcontractor agrees to fully comply with Contractor's on-site safety training and Safety Requirements.

Subcontractor shall ensure that all of its personnel, employees, affiliates and lower tier subcontractors meet the following minimum requirements at all times:

1. All job site superintendents must be 30 hour OSHA construction course qualified.
2. At least 50% of all on site workers are 10 hour OSHA construction course qualified before starting work.
3. When 25 or more people are working on site for any subcontractor, a qualified (30 hour) safety representative must be on site 100% of the time with their primary responsibility being safety.
4. The Contractor site safety orientation must be completed annually by Subcontractor's employees working at the site and by anyone employed by Subcontractor working on site.
5. Equipment operators must be able to show applicable operator certifications.
6. Documented equipment/vehicle inspections must be made available upon request.
7. 100% fall protection is required on all unguarded surfaces 6' or higher. Elevated work risks are to be thoroughly evaluated before work begins and properly managed by all subcontractors at all times. Fall protection plans are required for roofing, steel, and similar activities where a majority of the work is at heights.
8. Safe work permits must be completed and approved: excavations, hot work, and confined space entries.
9. High visibility clothing must be worn at all times on the job site
10. Personal Protective Equipment must be provided by the subcontractor and worn. This includes at a minimum; ANSI approved safety glasses, gloves appropriate for tasks being performed (e.g. cut resistant), hard hat, work boots/shoes, and any other equipment specific to various tasks e.g. respirator, face shield, hearing protection.
11. All incidents including serious near misses are to be reported to the Contractor job site superintendent or designate immediately. Injuries reported any time after the workday when the injury allegedly took place may require additional investigation and verification to confirm whether the injury in fact took place on the Contractor job site.
12. Conduct a documented daily pre-task-safety analysis with each crew.
13. Proactively utilize spotters, appropriate signage, and barricades to safely manage site vehicle movement and other activities where hazards could be present to those working in and around the job site.
14. Perform weekly documented safety inspections
15. Perform weekly documented tool box talks
16. Participate in Contractor's daily Stretch and Flex Program which will take place before any work begins at a time and location as designated by Contractor's onsite Superintendent. The Stretch and Flex Program routine consists of a brief warm-up (1 minute) and 5 stretches (1 minute each) for a total of 6 minutes.

Subcontractor, on behalf of itself and its lower tiers, who employ or utilize non-union workers acknowledge and agree that only the following workers are eligible to work: (i) those workers who have passed substance abuse testing and are eligible for employment without having to take another substance test (drug and alcohol analysis), pursuant to a substance abuse program which Subcontractor has implemented that is in compliance with the standards of the Drug Free Workplace Act of 1988 and other applicable laws and regulations ("Program"), and (ii) if Subcontractor has not implemented a Program, only those workers that have passed substance abuse testing pursuant to the requirements in the Safety Requirements within ninety (90) days preceding reporting to the Project. Subcontractor and its lower tiers shall not assign workers to the Project that do not meet these requirements.

If Subcontractor intends to subcontract with other companies to provide non-union labor at the Project, Subcontractor certifies that it will advise and require any such companies to execute this Substance Abuse Testing Certification as a condition to contracting with such firms and further covenants that it will not permit any such firms to perform labor on the Project site until they provided a fully executed Substance Abuse Testing Certification to Subcontractor.

The undersigned agrees to comply with Contractor's direction on the jobsite respecting all appropriate controls and procedures reasonably implemented to achieve their goal that all individuals performing work on the Project shall be eligible to work on the Project pursuant to Contractor's Safety Requirements.

Subcontractor agrees to fully comply with these requirements, as may be amended from time to time, to verify that safe working conditions and equipment exist and accepts sole responsibility for providing a safe place to work for its employees and for the employees of its subcontractors and suppliers of material and equipment, for adequacy of and required use of all safety equipment and for full compliance with all of the aforesaid.

Subcontractor agrees to inspections by Contractor to determine compliance with safety, health, and environmental standards. Subcontractor acknowledges that Contractor's right to inspect shall not in any way relieve Subcontractor of its obligations. If at any time, Subcontractor violates OSHA standards or in the opinion of Contractor, performs its work in an unsafe manner or otherwise not in compliance with Contractor's requirements, Contractor may either require Subcontractor to immediately cease work until the unsafe practice is corrected, or provide the required safety measures at Subcontractor's cost.

Violation of any provisions of the above by Subcontractor's employees shall be sufficient grounds for immediate discharge from the Project site at Contractor's request.

Subcontractor is liable to Contractor and the Owner for all fines and penalties assessed by any governmental entity against Contractor or Owner as a result of Subcontractor's failure to perform its work under this Subcontract in compliance with the requirements of the Contract Documents. **Subcontractor agrees to indemnify, defend and hold harmless Contractor from any and all liability and damages, fines, costs, and attorneys' fees incurred by Contractor on account of Subcontractor's failure to comply.**

VI. Notice of Accidents

- A. **Immediate Notice Required:** Subcontractor shall immediately notify Contractor orally of any accident or occurrence resulting in damage to property of another, or injury to the Subcontractor's employees or third party.
- B. **Written Report:** Subcontractor shall submit to Contractor a written fact based accident report on a form acceptable to Contractor within two hours of the incident. Upon request of Contractor, the Subcontractor shall furnish Contractor with a copy of any reports prepared by Subcontractor for submission to Subcontractor's insurer(s). All incidents are to be investigated to determine basic/root causes including preventative actions to prevent a similar future event.
- C. **Indemnification:** If Subcontractor fails to comply with this Section, Subcontractor agrees to defend, indemnify, and hold harmless Contractor for any and all claims, losses, or damages, including attorney's fees, incurred as a result of Subcontractor's noncompliance.

VII. Taxes, Federal Labor Standards, Pension Benefits and Fringe Benefits

Subcontractor shall pay all taxes, levies, duties and assessments of every nature due in connection with the Subcontract Work under this Subcontract.

Subcontractor shall comply with all equal employment opportunity and affirmative action requirements promulgated by any governmental authority, including, without limitation, the requirements of the Civil Rights Act of 1964.

Subcontractor shall comply with all provisions of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (the "Act"), it being the intent of Contractor to comply with the Act, and such other acts, rules and regulations as may be issued from time to time by federal, state and local authorities which have the intent and purpose of immigration control. Contractor's goal is to achieve such compliance, while at the same time respecting all laws protecting the privacy rights of individuals, all in a fashion that will not in any way wrongfully discriminate against any individuals. It is Contractor's intent that only legal labor shall be employed on the Contractor's jobsites, whether the labor is performed by Contractor employees or by the sub-subcontractors of all tiers.

Within five (5) days of execution of this Subcontract Agreement, and prior to payment by Contractor on any Application for Payment, Subcontractor agrees to execute and return (1) Exhibit D - Compliance Certification to Contractor; and (2) Exhibit E - Substance Abuse Testing Certification (applicable to only those subcontractors who utilize non-union workers on the Project. Subcontractor shall provide no labor on the Project site, nor shall Subcontractor be entitled to any payments respecting the Project until Subcontractor has provided Contractor with the properly executed Exhibits. Subcontractor shall secure like certifications from all firms with whom Subcontractor contracts work to perform labor on the Project. No lower tier subcontractors performing labor for Subcontractor shall be permitted on site until such time as they have first provided Contractor with the properly executed Exhibits.

Subcontractor further agrees that in the event that Contractor should object in writing to the employment on site of any specific employee, with concerns stated in writing respecting the employee's compliance with Form I-9 protocol, Subcontractor shall promptly remove the employee from the Project site and not return the employee to the Project site until such time as the Subcontractor provides Contractor with sufficient information to address Contractor's concerns, within Contractor's reasonable discretion.

Subcontractor's (together with its lower tier subcontractors and suppliers) compliance with the above stated immigration and control provisions shall be a condition precedent to the Subcontractor's right to receive payment for Subcontractor's Work.

Subcontractor shall comply with and agrees to be bound by all applicable Federal Labor Standards Provisions covering the Subcontract Work.

Subcontractor and its lower tier subcontractors shall be solely responsible for and make all contributions or payments required to be made to any health and welfare, pension, vacation, apprenticeship, training or other fringe benefit or employee benefit program or trust with whom Subcontractor or its lower tier subcontractors are affiliated (collectively, a "Trust") within thirty (30) days from receipt of payment from Contractor. As a condition precedent to any Progress Payment (defined herein) Contractor shall have the right to require lien waivers and/ other certification of payment and confirmation (such as a letter of good standing), for the benefit of Contractor, that Subcontractor and its lower tier subcontractors are current (within thirty (30) days) in making all contributions or payments to a Trust. In addition, Contractor shall have the right to: (A) require Subcontractor to, on a weekly basis, submit payroll reports in form and substance required by Contract, signed and attested to by a duly authorized officer or member of the Subcontractor (a "Certified Payroll Report") and/or (B) pay a Trust directly as part of a Progress Payment.

Indemnification: If Subcontractor fails to comply with any provisions of this Section, Subcontractor agrees to defend, indemnify and hold harmless contractor from any and all claims, losses or damages, including attorneys' fees, incurred as a result of Subcontractor's noncompliance. The Project or Contract Documents may be subject to federal, state or local prevailing wage requirements, such as the Davis-Bacon Act or the Walsh-Healy Act, or other similar laws, statutes or regulations. Subcontractor shall strictly comply with all applicable prevailing wage laws, statutes, regulations or other requirements and shall maintain such records as necessary to establish the amount of wages and other compensation paid to workers in connection with the Project and shall submit to Contractor, as a condition precedent to payment, certified payrolls in the form prescribed by any such laws, regulations or requirements.

VIII. Performance

A. **Control of Work:** Subcontractor is responsible for, and has control over, all construction means, methods, techniques, sequences, procedures, and coordination of all portions of the Subcontract Work, unless the Contractor shall give specific written instruction concerning these matters. Subcontractor is responsible for, and has control over, all activities necessary to comply with the Safety Requirements. Subcontractor is fully responsible for, and has control over, all construction means, methods, techniques, sequences, procedures and coordination of the Subcontract Work related to the performance of Subcontractor's employees and any other persons working in the area of the Subcontract Work. Subcontractor has no authority to act or make any agreements or representation on behalf of Contractor or Owner, and no contractual relationship exists between Subcontractor and Owner. No employee or agent engaged by Subcontractor shall be, or shall be deemed to be, an employee or agent of Contractor or Owner.

- B. Jobsite Representative and Project Executive: Subcontractor shall keep a representative at the jobsite during all times when the Subcontract Work is in progress, and such representative shall be authorized to represent Subcontractor as to all phases of the work. Subcontractor's jobsite representative must attend all jobsite coordination meetings. Prior to commencement of the Subcontract Work, Subcontractor shall notify Contractor who Subcontractor's representative is to be. Any direction, instructions, information or data given to Subcontractor's representative by Contractor, either written or verbal, shall be as binding as though given to Subcontractor himself. Subcontractor shall also designate a Project Executive, and Site Superintendent each of whom shall be identified on Page 1 of this Subcontract Agreement. Subcontractor shall immediately notify Contractor in writing if there is any change to Subcontractor's jobsite representative or Subcontractor's Project Executive.
- C. Errors in Contract Documents: Subcontractor shall make a careful analysis and comparison of the drawings, specifications, other Contract Documents and information furnished by the Owner relative to the Subcontract Work. Should Subcontractor discover any errors, inconsistencies or omissions in the Contract Documents, Subcontractor shall report such discoveries to Contractor in writing within three days. Upon receipt of notice, Contractor shall instruct Subcontractor as to the measures to be taken and Subcontractor shall comply with such instructions. If Subcontractor performs Subcontract Work knowing it to be, or reasonably should have known it to be, contrary to any applicable laws, statutes, ordinances, building codes, rules or regulations without notice to Contractor and advance approval by appropriate authorities, including Contractor, Subcontractor shall assume appropriate responsibility for such Subcontract Work and shall bear all associated costs, charges, fees and expenses incurred to remedy the violation. Nothing herein shall relieve Subcontractor of responsibility for its own errors, inconsistencies and omissions.
- D. Progress Reports: Subcontractor shall submit the following reports to the Site Superintendent at the stated time:
1. Daily Reports, in form and substance approved by Contractor, shall be submitted within 24 hours of the completed work shift.
 2. Toolbox Meeting Reports and Safety Audits, in form and substance approved by Contractor, together with Certified Payroll Reports, if required, shall be submitted on a weekly basis.
- Subcontractor shall also furnish periodic progress reports, in a form mutually agreed upon by Subcontractor and Contractor, respecting information on the availability of materials and equipment under its Subcontract Agreement which may be in the course of preparation or manufacture. If requested by Contractor, Subcontractor shall provide manufacturer's name, phone number, contact person, and the purchase order number and amount.
- E. Layout Responsibility: Contractor or Owner shall establish principal axis lines and levels, and control points, whereupon Subcontractor shall be strictly responsible for the layout and accuracy of its Subcontract Work in accordance with the locations, lines and grades specified or shown in the Contract Documents, subject to such modifications as Contractor may require as the Subcontract Work progresses. Subcontractor is responsible for any loss or damages to other subcontractors engaged in work on the site by reason of failure of Subcontractor to set out or perform its work correctly. Subcontractor is responsible for the layout of all points and grades in excess of building corners, column lines, grid lines and finish floor elevations (which will be established by Contractor). Subcontractor shall exercise prudence so that actual final conditions and details shall result in alignment of finish surfaces that are within industry standard tolerances. If Subcontractor moves or destroys or renders inaccurate any survey control point, such control point shall be replaced by Contractor at Subcontractor's expense.
- F. Labor Relations: Subcontractor shall be fully responsible for the acts and performance of its employees and shall maintain peaceful relations among its employees to avoid labor conflicts. Subcontractor acknowledges that the Project may have both union and non-union personnel. Subcontractor undertakes the responsibility to see to it that all individuals employed by it on the Project will work on the Project at all times when normally scheduled to work. Should picketing or other labor activity occur on the jobsite by employees or unions with issues against Subcontractor, then Subcontractor shall mitigate any resulting conditions that impede the progress of the work, and Subcontractor shall continue the proper performance of its work without interruption or delay. Any costs incurred by Contractor due to such actions shall be reimbursed by Subcontractor. If jobsite picketing of any kind unrelated to Subcontractor occurs at the jobsite, Subcontractor shall continue the proper performance of its work without interruption or delay. If Contractor establishes a reserved gate system, Subcontractor shall ensure that all of its employees, suppliers, visitors, and managers obey the reserved gate rules.
- G. Protection of Property: In carrying out its work, Subcontractor shall take necessary precautions to protect the work of other trades from damage caused by its operations. Subcontractor shall make every effort to protect its own work from damage of any sort and shall continue to protect its work until Subcontractor has completed its work in its entirety. Subcontractor shall locate all utility lines before digging and take all reasonable precautions to avoid disturbing existing utilities.
- H. Inspection: Subcontractor shall at all times furnish Contractor safe and ample facilities for inspecting materials at the site of construction, shops, factories, or any place of business of Subcontractor and its subcontractors and suppliers where materials under this Subcontract Agreement may be in course of preparation, process, manufacture or treatment.

- I. Uncovering of Work: Subcontractor shall uncover its work upon request by Contractor to provide for inspection to insure that the work is in accordance with the Contract Documents. If the work uncovered is determined to be in accordance with the Contract Documents, then Contractor shall pay Subcontractor its actual costs to uncover and recover the work. If the work uncovered is determined to not be in accordance with the Contract Documents, then Subcontractor shall bear all costs associated with uncovering the work, remedying the work, and recovering the work.
- J. Unforeseen Site Conditions: Subcontractor represents that it has visited the Project site and is familiar with the nature of construction in the general area where the site is located, including site conditions. Subcontractor shall make no claims for differing site conditions except as authorized in the Contract Documents. If Subcontractor presents a claim to Contractor for differing site conditions, Contractor will in good faith present a like claim for compensation and/or a time extension (where applicable) to the Owner so long as Contractor believes in good faith that there is a reasonable basis for Subcontractor's claim. Contractor shall have no obligation to compensate Subcontractor for any claim for a differing site condition unless and until Owner compensates Contractor for such condition, and Subcontractor shall not receive an extension of time for a differing site condition unless Contractor receives a like extension of time from the Owner. Contractor's liability to Subcontractor for differing site conditions shall be limited to Owner's liability to Contractor for any costs or time allegedly incurred by Subcontractor (unless Contractor refuses to present a like claim to the Owner for consideration).
- K. Work for Others: Until final completion and acceptance of the Subcontract Work, Subcontractor agrees not to perform any work directly for the Owner or any tenants, or deal directly with the Owner's representatives in connection with the Subcontract Work, unless otherwise directed or agreed to in writing by the Contractor to do so.

IX. Design-Build and/or Engineering Delegation

If the Contract Documents require Subcontractor to provide design-build and/or engineering services, Subcontractor shall provide those design-build and/or engineering services necessary to satisfactorily complete the Subcontract Work. Subcontractor shall procure design services from licensed design professionals (the "Designer") retained by Subcontractor as permitted by law governing the Project site. Subcontractor shall be responsible for conformance of its design with the information given and the design concept expressed in the Contract Documents. The Designer's signature and seal shall appear on all drawings, calculations, specifications, certifications, shop drawings, and other submittals prepared by the Designer. Shop drawings and other submittals related to the Subcontract Work designed or certified by the Designer, if prepared by others, shall bear the Subcontractor's and the Designer's written approvals when submitted to Contractor. Contractor shall be entitled to rely upon the adequacy, accuracy and completeness of the services, certifications or approvals performed by the Designer.

If the Designer is an independent professional, the design services shall be procured pursuant to a separate agreement between Subcontractor and the Designer. The Subcontractor – Designer agreement shall not provide for any limitation of liability inconsistent with Subcontractor's liability established by the Contract Documents. Subcontractor shall fully identify any Designer in Exhibit B.

Subcontractor's design services shall include providing the design and/or engineering for the structure, systems machinery and/or equipment encompassed by Subcontractor's scope of work. Subcontractor warrants that its design and/or engineering shall include all applicable specifications and criteria specified by the Contract Documents, shall be sufficient to pass all applicable inspections and testing required by any federal, state or local authorities with jurisdiction of the work (such that the Project may be substantially completed and fit for its intended purpose), and shall comply with all applicable federal, state and local laws and regulations. Subcontractor shall ensure that its design and/or engineering is completed and submitted for approval within such time as is necessary to allow the Project to remain on schedule. Subcontractor acknowledges that in performing its design and/or engineering work as provided herein it will not rely upon any specifications or criteria specified in the Contract Documents, but will produce its design and/or engineering so as to ensure that the completed work will be accepted by the appropriate inspecting authority. Subcontractor acknowledges and agrees that it is solely responsible for providing the proper design and/or engineering for its work.

X. Use of Contractor's Equipment or Facilities

Upon written permission granted by Contractor, Subcontractor may utilize from time to time certain of Contractor's equipment or facilities. If Subcontractor uses Contractor's equipment or facilities, Subcontractor shall reimburse Contractor at a predetermined rental rate. Upon request by Contractor, Subcontractor shall execute an equipment rental agreement in a form acceptable to Contractor. Subcontractor shall assure itself of the condition of such equipment and facilities and shall assume all risks and responsibilities during its use. Contractor makes no warranty as to the sufficiency of such equipment or facilities for Subcontractor's specific needs, and Subcontractor accepts the equipment or facilities in an "as-is" condition. **Subcontractor shall indemnify and hold Contractor harmless from any claims, actions, demands, damages, liabilities, expenses, and attorney's fees, resulting from the use of such equipment or facilities by Subcontractor.** Contractor and Subcontractor shall jointly inspect such equipment or facilities before its use and upon its return. The cost of all necessary repairs or replacement for damages other than normal wear and tear shall be Subcontractor's expense. If equipment is furnished with an operator, the services of such operator will be performed under the complete direction and control of Subcontractor, and such operator shall be considered Subcontractor's employee for all purposes other than the payment of wages, worker's compensation insurance or other benefits. Subcontractor shall have full responsibility for all acts or omissions of Contractor's operators with regard to Subcontractor's use or employment of them.

XI. Bonding of Subcontractor

Concurrently with the execution of this Agreement, Subcontractor shall, if required by Contractor, execute a labor and material bond and performance bond, in an amount equal to one hundred percent (100%) of the Contract Price. Said bonds shall be executed by a corporate surety acceptable to Contractor in its sole discretion and shall be in a form satisfactory to Contractor. Payment for the premium on said bonds shall be made as otherwise provided in the Contract Documents, and if not so provided, shall be the responsibility of Subcontractor. No change, alteration or modification in or deviation from this Subcontract Agreement or the plans or specifications shall release or exonerate, in whole or in part, any surety on any bond given in connection with this Subcontract Agreement, and neither Owner nor Contractor shall be obligated to notify any surety or sureties of any such change.

In the event of a Default or threatened Default, Contractor shall have the right to demand that Subcontractor post a bond to secure performance of Subcontractor's obligations under this Subcontract at Subcontractor's sole expense.

XII. Submittals

- A. **Submission of Submittals:** Subcontractor shall examine the Contract Documents to ascertain the approval material to be submitted such as shop drawings, product data, cut sheets, calculations, schedules, samples, manufacturer's literature, and brochures (collectively "Submittals"). Subcontractor shall submit to Contractor, at Subcontractor's cost, all Submittals required by the Contract Documents. Submittals shall be submitted to Contractor in sufficient time and sequence so that Subcontractor's work may be done effectively, expeditiously and in a manner that will not cause delay in the progress of the Subcontract Work, work of Contractor or other subcontractors.
- B. **Submittals Not Identified in Contract Documents:** If the Contract Documents do not contain submittal requirements pertaining to the Subcontract Work (or some portion of Subcontract Work), Subcontractor agrees upon request to submit in a timely fashion to Contractor for approval any Submittals as may reasonably be required and requested by the Contractor, Owner or Architect.
- C. **Review/Approval of Submittals:** Review of Submittals by Contractor, Owner or Architect shall relate solely to general conformity with the Contract Documents. Such review shall not be construed as an approval in detail of conformity of such Submittals with the design drawings, specifications or other Contract Documents, and shall not excuse Subcontractor from fully complying with the terms and conditions of the Contract Documents. No such approval or review shall constitute a waiver of, or agreement to, any change or deviation to the Contract Documents (except in the case of "Alternate" Submittals as provided below). **If Submittals deviate from or are inconsistent with the design drawings, the specifications or other Contract Documents, and such deviations or inconsistencies impose upon Contractor any expense because of delays or extra work or otherwise, Subcontractor agrees to hold Contractor harmless from and to indemnify Contractor from any such expense or damage, including attorney's fees.**
- D. **Deviations and Substitutions:** If Subcontractor desires to request a deviation or a substitution from the Subcontract Documents, such request should be made as and conspicuously marked as a separate "ALTERNATE" submittal (the "Alternate Submittal") (and shall be provided in addition to the regular submittal), and shall clearly identify the deviations and/or substitutions requested and the reasons for such request. If the Architect or Owner approves the Alternate Submittal in writing, then Subcontractor may proceed with construction containing such deviations or substitutions in accordance with the approval given, but shall remain responsible to pay for any extra costs incurred by others as a result of such substitution or deviation. All extra or additional costs associated in any way with an Alternate Submittal shall be borne by Subcontractor. Under no circumstances shall Subcontractor be entitled to an increase in the Contract Price resulting from the submission and approval of any Alternate Submittal.
- E. **Professional Certifications:** Contractor, Owner and Architect are entitled to rely upon the adequacy, accuracy and completeness of any professional certifications required of Subcontractor by the Contract Documents concerning the performance criteria of systems, equipment or materials, including all relevant calculations and any governing performance requirements.
- F. **Close Out Submittals:** Upon completion of its work, Subcontractor shall submit all "in place" or "as-built" drawings, owner's manuals, operating manuals, labor and materials warranties, and any other close out documents required by the Contract Documents (collectively, the "Close Out Submittals"). Final Payment (defined herein) to Subcontractor (including any payments that may be otherwise due for Disputes (defined herein)) shall not be deemed due to Subcontractor until such time as Subcontractor has submitted all required Close Out Submittals.

XIII. Cleanup

- A. **General Clean-Up Obligations:** Subcontractor shall at all times maintain a clean, safe and orderly working area, free from unreasonable accumulations of rubbish, debris, and waste and/or surplus materials (collectively "Debris") resulting from its operations. Debris shall be removed to and placed at a location designated by Contractor each day (or as otherwise required by Contractor) during the course of the Subcontract Work.
- B. **Minimizing Debris:** Subcontractor shall make reasonable provisions to minimize and confine dust and debris resulting from its construction activities.
- C. **Leaving Discrete Work Area:** Prior to discontinuing its work in a discrete area, Subcontractor shall remove from such area all its equipment, temporary structures, and surplus materials not to be used at or near the same location during later stages of the Subcontract Work, and shall turn over its work in such area in a neat, clean and safe condition as to permit the next succeeding work to be commenced without further cleaning.

- D. Completion of Subcontract Work: Upon completion of the Subcontract Work and prior to Final Payment, Subcontractor shall remove from the Project site all equipment, temporary structures, surplus materials and Debris incident to its operation and clean all surfaces, fixtures, and equipment affected by the performance of the Subcontract Work, leaving the premises in a neat, clean and safe condition. Debris shall be removed to and placed at a location designated by Contractor. Final Payment to Subcontractor shall not be due until Subcontractor has complied with its final clean up obligations.
- E. Remedies: If Subcontractor does not comply with its clean up obligations, Contractor may, after giving two working days' prior written notice and upon failure of the Subcontractor to comply with its clean up obligations in such two day period, have Subcontractor's clean-up obligations performed by others, and charge the reasonable cost thereof to Subcontractor. If Contractor is unable to determine which Subcontractor is responsible for the clean-up of any specific area, Contractor may equitably apportion the cost of such clean-up between Subcontractors in such manner as it determines to be proper. So long as Contractor expresses a reasonable basis for its equitable apportionment of clean-up costs, Contractor's determination of the apportionment of clean-up costs among subcontractors shall be conclusive on Subcontractor.

XIV. Time of Performance, Scheduling and Coordination

- A. Time: Time is of the essence of this Subcontract.
- B. Compliance with Progress Schedule: Subcontractor shall commence preparatory and planning work immediately upon execution of this Subcontract Agreement and shall timely mobilize its forces to the Project site in order to commence its work in accordance with Contractor's schedule included as part of the Contract Documents, or otherwise provided to Subcontractor by Contractor (the "Progress Schedule"). The Progress Schedule is attached hereto as an Attachment, and is subject to revision by Contractor from time to time. Subcontractor shall diligently prosecute its work in accordance with the Progress Schedule and all revisions thereto, it being expressly understood that Contractor has agreed to meet one or more dates of substantial completion for the Project as further set forth and defined in the Contract Documents, and that Contractor has undertaken that obligation to the Owner in reliance upon Subcontractor's ability and promise to timely perform its work in accordance with the Progress Schedule. If Subcontractor, in the opinion of Contractor, fails to satisfactorily maintain its progress of the Subcontract Work, then Contractor may direct Subcontractor to cure the issues impeding Subcontractor's progress and to take such steps as Contractor deems necessary to improve the rate of progress of the Subcontract Work, including requiring Subcontractor to increase the number of shifts and/or to pursue overtime operations, and to submit for approval a schedule demonstrating the manner in which the required rate of progress will be regained, all without additional cost to Contractor. If Subcontractor fails to commence or begin taking diligent steps to commence and continue with promptness to cure, in response to Contractor's direction to cure the deficiencies impeding the rate of progress of Subcontractor's Work, within 24 hours after receipt of written notice, Contractor may proceed as provided in Article XXI of this Subcontract Agreement.
- C. Contractor's Delay Damages: Notwithstanding Article XXII of this Subcontract Agreement, Subcontractor shall be liable for any damages for delay sustained by Contractor caused directly or indirectly by Subcontractor, including, but not limited to, damages, liquidated or otherwise, for which Contractor is liable to the Owner.
- D. Contractor's Control of Scheduling: Contractor shall have the right to decide the time and order in which various portions of the Subcontract Work shall be installed, the priority of the work between Subcontractor and the other subcontractors, and, in general, all matters representing the timely and orderly conduct of the Subcontract Work. Contractor shall decide the sequence of the Subcontract Work, and may require Subcontractor to perform part of the work in one area while delaying work in another area to suit the needs of the Project.
- E. Scheduling of Work: Subcontractor shall provide Contractor with scheduling information and a proposed schedule for performance of the Subcontract Work consistent with the Progress Schedule and in a form acceptable to Contractor. Subcontractor shall comply with the Progress Schedule including, but not specifically limited to, commencement, duration, and sequencing of activities. Contractor shall reasonably cooperate with the Subcontractor in scheduling the Subcontract Work and shall attempt, as reasonably possible, to avoid conflicts or interference with the Subcontract Work.
- F. Coordination: Subcontractor shall cooperate with Contractor and other subcontractors whose work might interfere with the Subcontract Work, and shall participate in the preparation of coordinated drawings and schedules in areas of congestion, specifically noting and advising the Contractor of any such interference. Subcontractor shall coordinate its work with that of all other subcontractors and Contractor, in a manner that will not delay or hinder their work and that will facilitate the timely and orderly completion of the Project.
- G. Overtime: Subcontractor agrees that overtime operations may be required of Subcontractor. If overtime operations are required in the judgment of Contractor as a result of delays caused by Subcontractor, then Subcontractor will perform overtime operations for no additional compensation. If, however, Contractor requires overtime operations for any reason that is not the fault of Subcontractor, then Contractor will reimburse Subcontractor its actual premium time costs only, which Subcontractor will accept as its exclusive and only compensation related to Contractor's request to perform overtime operations. Overtime operations may include Saturday and Sunday work, two or three shift work, or overtime on a one shift basis.

- H. **Force Majeure:** Subcontractor has taken into account and has made allowances for delays which should be reasonably anticipated or foreseeable. If the critical path of the Subcontract Work is impacted and delayed in the prosecution of the same by an act, neglect or default of the Owner, Architect or Contractor, or by labor disputes, fire, unavoidable casualties, or acts of God or nature, then the time fixed for Subcontractor's completion of the Subcontract Work as set forth in the Progress Schedule and schedule provided pursuant to Paragraph E above, shall be extended by the number of days that Subcontractor has been delayed, so long as (a) Subcontractor provides Contractor with written notice of the delay within seven days of the commencement of such delay, and (b) Subcontractor provides Contractor with a written claim for the time extension sought within seven days after the delay period has ended. Subcontractor's sole and exclusive remedy for any delay to its work shall be an extension of time, subject only to the specific exception stated in Paragraph J below.
- I. **Inclement Weather:** Subcontractor has taken into account and has made allowance for delays caused by inclement weather to be reasonably anticipated for the geographic area where the Project is located. Subcontractor shall be entitled to an extension of time for inclement weather so long as such inclement weather in fact impacts and delays the critical path of the Subcontract Work, and such inclement weather is beyond that which should have been reasonably anticipated; provided, however, that if the Contract Documents otherwise provide any specific provisions respecting the Contractor's right to make a claim for extension of time for inclement weather, then the provisions of such Contract Documents shall apply and govern the Subcontractor's right to make a claim for time extension due to inclement weather. Subcontractor shall have no right to a time extension for inclement weather unless the Contractor has the same right for a time extension from the Owner.
- J. **Claims For Compensation Due To Delays Or Schedule Interference:** No claims for additional compensation or damages for delays or schedule interference, including claims for loss of productivity, disruption, "ripple effect" costs or "impact" costs, whether caused in whole or in part by any conduct on the part of Contractor, other subcontractors or Owner or Architect, or by any other contributing causes, shall be recoverable from Contractor, and the above-mentioned extension of time for completion shall be the sole and exclusive remedy of Subcontractor; provided, however, that in the event the Contract Documents permit the Contractor to obtain additional compensation from Owner on account of a delay, and in the event Contractor does in fact obtain and collect additional compensation from Owner on account of a delay, Subcontractor shall be entitled to such portion of the additional compensation so received by Contractor from Owner as is equitable under all of the circumstances, so long as Subcontractor has (a) requested in writing that Contractor prosecute a claim against Owner for additional compensation for any delay, (b) cooperated fully with Contractor in the prosecution therefor, and (c) paid Contractor an equitable amount for costs and expenses incurred by Contractor in connection with bringing such delay claim, including attorneys' fees. Contractor's receipt of any funds from the Owner attributable to such a delay claim shall be a condition precedent to any obligation by Contractor to Subcontractor.

XV. **Changes in The Work**

- A. **Contractor Change Notice Directives:** Contractor may, without notice to sureties, by written directive ("**Change Notice**"), denominated as such, signed by the Contractor's Representative, unilaterally make any change to the Subcontract Work described in the Contract Documents, including but not limited to changes:

1. in the drawings and specifications;
2. in the method, manner, or sequence of the Subcontract Work;
3. directing acceleration or deceleration in the performance of the Subcontract Work;
4. modifying the schedule of the Subcontract Work or Progress Schedule; and
5. adding to or deleting from the Subcontract Work.

Upon receipt of a Change Notice, Subcontractor shall promptly proceed with the work reflected by the Change Notice in accordance with the directives of Contractor.

- B. **Pricing Change Order Work: Agreement on Change Orders:** Subcontractor shall within a reasonable time after receipt of a Change Notice, submit to Contractor an itemized estimate reflecting any cost changes and/or time impact required to make the requested changes. The itemized estimate shall detail the anticipated direct labor man-hours and labor costs, direct material, direct equipment, applicable labor markups for employee labor burdens and benefits. Mark-up on Subcontractor's direct costs shall be ten percent (five percent on sub-Subcontractor's work) to cover supervision, field office and home office overhead, and profit. If additional time is sought, the estimate shall provide a detailed explanation how and why the requested change will impact the critical path of the Subcontract Work. All elements of potential cost and time impact are subject to negotiation. If the parties agree with respect to the amount of the change and the time impact, if any, associated with the change, then the parties shall execute a written amendment, or "Change Order" signed by both parties. Agreement on any Change Order shall constitute a full and final settlement and accord and satisfaction of all matters relating to the change in the Subcontract Work which is the subject of the Change Order, including, but not limited to, all direct and indirect costs associated with such change and any and all adjustments to the Contract Price and the Progress Schedule. Subcontractor shall submit an updated or otherwise shall confirm Exhibit B with any Change Order. A Change Order may also be executed by the Parties to formalize an amendment to this Subcontract Agreement regarding terms other than cost, scheduling, scope of work, or matters addressed in a Change Notice.

- C. Proceedings If Parties Cannot Agree On Change Order: Subcontractor shall timely perform the work contemplated by the Change Notice regardless of whether the parties agree on a Change Order. If the parties cannot agree on a Change Order, then Subcontractor shall treat the matter as a Claim (defined below) and proceed in accordance with Paragraph G below. Subcontractor's claim for a time extension is limited to the documented effect that the change work will have on the critical path of the Subcontract Work. If it is reasonably possible to perform the change in the work concurrently with Subcontract Work that is critical to overall completion, no time extension shall be granted by reason of a change in the Subcontract Work. Subcontractor's claim for extra costs shall be limited to the amount by which Subcontractor's direct costs have been reasonably increased over the direct cost of performing the Subcontract Work without the change in the same, plus ten percent (five percent on sub-Subcontractor's work) of direct cost to cover supervision, field office and home office overhead, and profit.
- D. Unauthorized Changes in the Work: Subcontractor shall not make any changes in its Subcontract Work that would in any way cause or allow the Subcontract Work to deviate from that required in the Contract Documents without first obtaining a Change Notice from the Contractor, or an Alternate Submittal approved in writing by the Architect or Owner. If Subcontractor makes any changes in the Subcontract Work without receiving such documentation, such change constitutes an agreement by Subcontractor that it will not be paid for that changed work, even if it received verbal direction from Contractor or any form of direction, written or otherwise, from Owner or any other person or entity. In addition, Subcontractor shall be liable for any and all losses, costs, expenses, damages, and liability of any nature whatsoever associated with or in any way arising out of any such unauthorized change in the Subcontract Work.
- E. Disputes About Subcontractor's Scope of Work: If a dispute arises between Subcontractor and Contractor with respect to whether particular work is a change in the scope of the Subcontract Work, Subcontractor shall give Contractor prompt written notice of the matter before proceeding with the same. Such written notice shall include an estimate of the extra costs the Subcontractor believes will be involved with the disputed work, and the effect on the Progress Schedule, if any. Subcontractor shall timely perform the disputed work. Within ten days after completing the disputed work, Subcontractor shall provide Contractor with a claim in writing detailing Subcontractor's direct costs and markup, which shall be computed in accordance with the provisions of Subparagraph C above, and any claim for a time extension. Subcontractor's failure to provide either the required written notice before proceeding with disputed work, or to timely provide the written claim after completing the disputed work shall constitute an agreement by Subcontractor that it will not be paid for the disputed work. Subcontractor shall treat any such claim as a Dispute (defined below) and proceed in accordance with Paragraph G below. Subcontractor shall proceed diligently with performance of the work, including the disputed work, and comply with the directions of the Contractor, pending final resolution of the Dispute.
- F. No Notice to Surety Required: No change, alteration, or modification to or deviation from this Subcontract Agreement or the Contract Documents shall release or exonerate, in whole or in part, any bond or any surety on any bond given in connection with this Subcontract Agreement, and no notice is required to be given to such surety of any such change, alteration, modification or deviation.
- G. Referral to Dispute Resolution And Continued Performance: Any issues related to changes in the Subcontract Work that are not resolved by execution of a Change Order shall, so long as Subcontractor has otherwise complied with the provisions of this Section, be defined as a "Dispute" and shall be subject to resolution by the dispute resolution provisions of this Subcontract Agreement. Subcontractor shall proceed diligently with performance of the work, including work ordered by Change Notices and disputed work, and comply with the directions of the Contractor, pending final resolution of the Dispute.

XVI. Progress Payments

- A. Applications for Payment: Subcontractor shall submit to Contractor applications for payment (each, an "Application for Payment") in a form acceptable to Contractor no later than the 20th day of each month for the portion of the Subcontract Work performed up to and including the last day of the month. Contractor reserves the right to require Subcontractor to submit its Application for Payment electronically through Textura, at Subcontractor's sole cost and expense, or other software in Contractor's discretion. An Application for Payment shall be for payment for materials incorporated in the Subcontract Work and work performed in place during the time period since Subcontractor commenced the Subcontract Work or since its last Application for Payment, whichever is later. Subcontractor agrees to furnish, as and when required by Contractor, the Schedule of Values (defined below), Certified Payroll Reports, receipts, vouchers, lien waivers, releases of claims for labor, material and subcontractors performing work or furnishing materials under this Agreement, and any other documents reasonably requested by Contractor, including but not limited to a waiver or other release from one or more Trusts, all in form satisfactory to Contractor, and it is agreed that no payment hereunder shall be made, except at Contractor's option until and unless such documents have been furnished. Contractor shall have the right, at its sole discretion and upon request, to require Subcontractor's lower tiers to provide Certified Payroll Reports. In addition to the foregoing, prior to receiving any payment, Subcontractor must furnish Contractor with a valid certificate of insurance. Notwithstanding anything to the contrary, Contractor shall have right, at its sole discretion, to require Subcontractor to have its lower tier subcontractors and suppliers, submit invoices and lien waivers through Textura and receive payments directly from Contractor through ACH disbursements. Tier subcontractor/supplier will pay a one-time Textura fee at time of contract acceptance in Textura. Contractor will reimburse tier subcontractor/supplier within sixty (60) days of payment of fee.

- B. Schedule of Values: Subcontractor shall, within two weeks of execution of this Subcontract Agreement, and in no event before submitting its first Application for Payment, submit to the Contractor a schedule of values of various parts of the work aggregating the total sum of this Subcontract Agreement (the "Schedule of Values"), made out in such detail as the Subcontractor and Contractor may agree upon, or as required by the Owner, and supported by such evidence as to its correctness as the Contractor may direct. The Schedule of Values shall clearly identify the portions of the Subcontract Work that are attributable to each of the lower tier subcontractors and suppliers identified in Exhibit B. The Schedule of Values, as approved by the Contractor shall be used as a basis for all Applications for Payment, unless it is found to be in error.
- C. Stored Materials: If payment is requested on account of materials or equipment not incorporated in the Subcontract Work but delivered and suitably stored on site or off site at some other location agreed upon in writing, payment for such materials or equipment shall be made in accordance with the terms and conditions as allowed by the Contract Documents. In such cases: (1) insurance shall be provided with Contractor and Owner's names on the policy, and Subcontractor shall furnish detailed inventory, including invoices, for all such stored materials, and (2) Subcontractor shall comply with such other procedures satisfactory to the Owner and Contractor to establish the Owner's title to such materials and equipment, or otherwise to protect the Owner's and Contractor's interest including transportation to the site. If the Contract Documents do not permit payment for stored materials, then no such payment will be made.
- D. Retainage: The rate of retainage shall be that stated on the first page of this Subcontract Agreement, which amount is equal to the percentage retained (the "Retainage") from the Contractor's payment by the Owner for the Subcontract Work. If the Subcontract Work is satisfactory and the Contract Documents provide for reduction of retainage at a specified percentage of completion, then the Retainage shall also be reduced when the Subcontract Work has attained the same percentage of completion and the Contractor's retainage for the Subcontract Work has been so reduced by the Owner. Payment and release of Retainage may be subject to local and/or state law governing the same.
- E. CCIP Credit: Contractor may withhold from any amounts otherwise due Subcontractor an amount up to 125% of the expected CCIP credit. An estimated CCIP credit will be calculated based on the Form 1a – Coverage and Rate Verification Worksheet ("Form 1a") submitted prior to or at the beginning of the Work. A Change Order will be issued for the estimated credit. This change order will be billed no later than the final invoice submitted before retention is released. After the final Form 4 – Monthly On-Site Payroll Report has been received the actual credit will be calculated and a Final CCIP Change Order will be issued to adjust the CCIP credit.
- A revised Form 1a is required with any change order increasing the Contract Price twenty-five percent (25%) or more or which, when combined with other change orders, results in a cumulative increase of twenty-five percent (25%) or more of the Contract Price.
- F. Subcontractor's Payments to Lower Tier Providers: The Subcontractor shall pay for all materials, equipment and labor used in, or in connection with, the performance of this Subcontract Agreement through the period covered by previous payments received from the Contractor, and shall furnish satisfactory evidence, when requested by the Contractor to verify compliance with the above requirements. Subcontractor acknowledges and agrees that its failure, after receipt of payment from Contractor, to make timely payments to its subcontractors, vendors and laborers shall constitute a material breach of this Subcontract Agreement. Contractor shall have the right, on an ongoing basis, to contact Subcontractor's subcontractors, suppliers, Trusts, and other entities affiliated with the Subcontract Work, to ascertain whether they are being paid by Subcontractor in accordance with this Subcontract Agreement.
- G. Lien Waivers: Accompanying Subcontractor's Applications for Payment, Subcontractor shall provide lien waivers in the form and substance required by Contractor or Owner to document that all accounts pertaining to the Subcontract Work and Project have been paid in full. Subcontractor shall also provide similar lien waivers from all sub-subcontractors and vendors of any tier, including Trusts, who are providing goods and services for the Project in an aggregate value in excess of \$2,500. Contractor shall have the right in its sole discretion where it deems it appropriate to issue joint checks, or make payments directly to Subcontractor's subcontractors, suppliers, Trusts, or other entities associated with the Subcontract Work and owed funds by Subcontractor, or to otherwise take reasonable actions in connection with payment in order to protect Contractor's interests. All payments made by Contractor by joint check or directly to Subcontractor's subcontractors or suppliers, etc. shall reduce the amounts due Subcontractor under this Subcontract Agreement. It is agreed that no payment hereunder shall be made to Subcontractor, except at Contractor's option, until and unless lien waivers have been provided in accordance with this Paragraph.
- H. Payment To Subcontractor: Provided that Subcontractor is not in breach or default or otherwise in noncompliance with the terms of this Subcontract Agreement, Contractor shall make payment to Subcontractor (each, a "Progress Payment") within ten days of receipt of like payment from Owner. Contractor may deduct from any amounts due or to become due to Subcontractor any sum or sums owed by Subcontractor to Contractor on account of defective work not remedied, claims filed, reasonable evidence indicating the probability of the filing of claims or reasonable doubt that the Subcontract Work can be completed for the balance of the Contract Price then unpaid, or the breach of any provision of the Contract Documents. Contractor may also offset any sums due Subcontractor hereunder the amount of any liquidated or unliquidated obligations of Subcontractor to Contractor, whether or not arising out of this Subcontract Agreement.

XVII. Final Payment

Contractor shall make final payment ("Final Payment") to Subcontractor after the Subcontract Work is complete and accepted by Owner, or such others whose approval is required under the Contract Documents, providing like payment shall have been made by Owner to Contractor, and further providing that Subcontractor has submitted a final Application for Payment, and (a) Subcontractor shall have furnished Contractor with a final lien waiver in the form required by Contractor, (b) that sub-subcontractors and vendors of any tier who are providing goods and services for the Project in an aggregate value in excess of \$5,000 have provided a final lien waiver in the form required by Contractor, (c) final lien waivers and/or letters of good standing (within thirty (30) days) in the form required by Contractor have been provided by any other sub-subcontractors and vendors, and Trusts as requested by Contractor, (d) Subcontractor provides Contractor with satisfactory evidence that all labor and material accounts incurred by Subcontractor in connection with the Subcontract Work have been paid in full, (e) consent of surety, if any, has been received, (f) and Subcontractor has submitted, in a form acceptable to Contractor, all Close Out Submittals (including but not limited to Guaranty/Warranty forms, Operations and Maintenance Manuals, As-Built drawings, a valid certificate of insurance, and any other close-out documents required by the Contract Documents, including any documents required or requested by Contractor including documents in connection with the administration of any CCIP Program).

Contractor may withhold from Final Payment an amount up to 125% of the expected CCIP credit to be finally determined after the Subcontract Work is completed and all documentation necessary to determine Subcontractor's CCIP credit has been received.

Subcontractor's acceptance of Final Payment shall constitute a waiver of all claims, except those expressly reserved in writing in Subcontractor's final Application for Payment.

The making of Final Payment shall not constitute a waiver of claims against Subcontractor for

1. liens, claims, security interests or encumbrances arising out of the Subcontract Agreement and unsettled;
2. failure of the Work to comply with the requirements of the Contract Documents; or
3. terms of special warranties required by the Contract Documents.

XVIII. Owner's Payment to Contractor Mandatory

- A. **Owner's payment to Contractor shall be a condition precedent to Contractor's obligation to pay Subcontractor and Subcontractor's right to receive payment. Subcontractor hereby acknowledges that it is assuming the risk of non-payment by the Owner. This condition precedent also applies to Contractor's obligation to pay Progress Payment, Change Orders, Retainage, Final Payment and any other payment required by the Contract Documents. This paragraph supersedes all other provisions of this Subcontract Agreement, and any conflicting language shall be modified or deemed to be consistent herewith.**
- B. **This Paragraph shall be deemed to apply only in those jurisdictions in which by statute or by judicial interpretation the terms of Section A are not enforceable. In such instance, the following provision shall apply: if Owner delays making payment to Contractor from which payment to Subcontractor is to be made, Contractor and its sureties shall have a reasonable time to make payment to Subcontractor. "Reasonable time" shall be determined according to the relevant circumstances, but in no event shall be less than the time Contractor, Contractor's sureties, and Subcontractor require to pursue to conclusion their legal remedies against Owner to obtain payment, including, but not limited to, mechanic's lien remedies.**
- C. **Interest: If Contractor fails to make any payment to Subcontractor as provided in the Contract Documents, then Subcontractor shall be entitled to interest on amounts not paid when due at the Prime Rate.**

XIX. Participation in Contractor's Minority Business Enterprise Program

If and as required by the Contract Documents, Subcontractor shall comply with any minority/women's business development initiative or program. Further, Subcontractor acknowledges Contractor's mission to execute a standard of "best practices" in the construction industry by expanding access to contract and employment opportunities for minorities and women. Contractor seeks to maximize the participation of Minority Business Enterprises ("MBE") and Women's Business Enterprises ("WBE") and to increase the number of minorities and women working on projects. Subcontractor agrees to work with Contractor in good faith to provide reasonable assistance in achieving the diversity objectives, if any, identified in the Contract Documents. Subcontractors will be responsible for meeting and exceeding the stated MBE and WBE participation goals and objectives and for participating in this process throughout the duration of the Project.

XX. Warranty and Defective Work

Subcontractor warrants that all materials and equipment furnished and incorporated by it in the Project shall be new unless otherwise specified, of clear title, and that all work under this Subcontract Agreement will be performed in a good and workmanlike manner, shall be of good quality, free from faults and defects, and in accordance with the Contract Documents. All work not conforming to these requirements, including substitutes not properly approved and authorized, may be considered defective. The warranty contained in this section shall be in addition to and not a limitation of any other warranty or remedies provided by law or by the Contract Documents, such as warranties for manufactured or fabricated equipment as provided in the specifications for the Project.

The warranty contained in this section shall remain in effect for a period from the commencement of the Subcontract Work to a date one year after substantial completion of the Project; provided that, if the General Contract requires the Contractor's general warranty to be measured from some point after substantial completion of the Project, or if it provides for a longer period of guarantee, then Subcontractor shall be bound to such altered means of measurement or longer period.

If at any time during the warranty period, Contractor or Owner shall discover any aspect of Subcontract Work not in compliance with this warranty (the "Defect"), then written notice shall be provided to Subcontractor of the Defect, and Subcontractor shall, within twenty four hours of receipt of such notice, propose corrective actions to cure the Defect so as to meet the requirements of this Subcontract, and shall immediately proceed to cure, and shall cause any of its sub-subcontractors or suppliers to cure, the Defect upon written direction from Contractor to proceed.

Contractor, at its sole discretion, may direct Subcontractor in writing, and Subcontractor agrees to:

- (a) Rework, repair, remove, replace and otherwise correct any Defect at a time and in a manner acceptable to Contractor;
- (b) Cooperate with others assigned by Contractor to correct such defects and pay Contractor all actual costs reasonably incurred by Contractor in performing or in having performed corrective actions; or
- (c) Propose and negotiate in good faith an equitable reduction in the Contract Price in lieu of corrective action.

All costs incidental to corrective actions including demolition for access, removal, disassembly, transportation, reinstallation, reconstruction, retesting and reinspections as may be necessary to correct the Defect and to demonstrate that the previously defective work conforms to the requirements of this Subcontract Agreement shall be borne by Subcontractor.

If Subcontractor fails to commence repairs required hereunder as provided above and/or fails to diligently prosecute appropriate repairs to completion, then any such repairs may be performed by others and it shall be Subcontractor's responsibility to reimburse Contractor or Owner for the costs of such repairs. Any such costs (including home office and field overhead) incurred by Contractor in responding to the circumstances associated with the defective work and in performing the appropriate repairs of Subcontractor's work, including a reasonable amount for overhead and profit on such expenses, plus actual attorneys' fees incurred, shall be the responsibility of Subcontractor. Any such costs incurred by Contractor or Owner may be offset against payments otherwise due under the Contract Documents to Subcontractor.

Subcontractor further warrants any and all corrective actions it performs against defects in design, equipment, materials and workmanship for an additional period of twelve months following acceptance by Contractor of the corrected work, or for such longer or altered period of time as provided for in the General Contract.

Subcontractor's obligation to correct Defects as described above does not limit the enforcement of Subcontractor's other obligations with regard to this Subcontract Agreement and the Contract Documents.

In the event of an emergency affecting the safety of persons or property, Contractor may proceed as above without notice.

XXI. Subcontractor's Failure of Performance, Right to Cure and Termination

- A. Right to Adequate Assurances: When reasonable grounds for insecurity arise with respect to Subcontractor's performance, Contractor may in writing demand adequate assurance of due performance. Subcontractor's failure to provide within three (3) days of the demand such assurance of due performance as is adequate under the circumstances will constitute a default pursuant to the terms of this Section. Contractor's right to demand adequate assurances shall in no way limit Contractor's right to immediately issue a notice to cure as provided below.
- B. Default And Notice To Cure: If Subcontractor fails to supply enough properly skilled workers and proper materials, or fails to properly and diligently prosecute the Subcontract Work, or fails to make prompt payment to its workers, sub-subcontractors or suppliers, or becomes delinquent with respect to contributions or payments required to be made to any health and welfare, pension, vacation, apprenticeship or other employee benefit program or Trust, or fails to provide adequate assurances pursuant to the terms of the preceding paragraph, or is otherwise guilty of a material breach of any provision of the Contract Documents (the "Default"), and fails within twenty-four hours after receipt of written notice to commence and continue satisfactory correction of such Default with diligence and promptness, then Contractor, without prejudice to any rights or remedies, and without the need for previously having requested adequate assurances, shall have, in addition to remedies or rights otherwise set forth herein, the right to any or all of the following remedies:

- (1) Supply such number of workers and quantity of materials, equipment and other facilities as Contractor deems necessary to properly perform and complete the Subcontract Work, and charge the cost thereof to Subcontractor, who shall be liable for the payment of same including reasonable overhead, profit, and attorneys' fees incurred as a result of Subcontractor's failure of performance;
- (2) Contract with one or more additional contractors to perform such part of Subcontractor's work as Contractor shall determine will provide the most expeditious completion of the total work and charge the cost thereof to Subcontractor;
- (3) Withhold payment of any monies due Subcontractor on this Project and/or any other Projects that Subcontractor is performing work on under contract with Contractor, pending corrective action to the extent required by and to the satisfaction of Contractor;
- (4) With respect to contributions or payments required to be made to any health and welfare, pension, vacation, apprenticeship or other employee benefit program or Trust, pay such amounts as Contractor deems reasonable into a third party escrow until adequate waivers and assurance are received; and/or
- (5) Declare Subcontractor in Default as provided for in the following Paragraph.

In the event of an emergency affecting the safety of persons or property, Contractor may proceed with its remedies, including those set forth in items XXI.B (1) through B (5) without notice, and/or may elect to terminate the Subcontract Agreement for Default without notice.

C. Termination For Default: If Subcontractor is in Default, then Contractor may terminate Subcontractor's right to perform under this Subcontract Agreement and use any materials, implements, equipment, appliances or tools furnished by or belong to Subcontractor to complete the Subcontract Work without any further compensation to Subcontractor for such use. If Subcontractor is declared in Default, Subcontractor shall be entitled to no further payment until the balance of the Subcontract Work is complete. At that time, all of the costs (including home office and field overhead) incurred by Contractor in responding to the circumstances comprising the Default and in performing Subcontract Work, including a reasonable amount for overhead and profit on such expenses, plus actual attorneys' fees as provided above, shall be deducted from any monies due or to become due Subcontractor. Subcontractor and its sureties, if any, shall be liable for the payment of any amount by which such expenses may exceed the unpaid balance of the Contract Price. Termination for default shall not relieve Subcontractor of any obligations and duties that would ordinarily survive completion, including but not limited to warranty obligations and duties to indemnify and insure risks.

D. Termination for Convenience: Contractor may at any time and for any reason terminate Subcontractor's services and work at Contractor's convenience. Cancellation shall be by service of written notice (including but not limited notification by electronic mail, or facsimile) to Subcontractor. Upon receipt of such notice, Subcontractor shall, unless the notice directs otherwise, immediately discontinue the work and placing of orders for materials, facilities and supplies in connection with the performance of this Subcontract Agreement, and shall, if requested, make every reasonable effort to procure cancellation of all existing orders or contracts upon terms satisfactory to Contractor or, at the option of Contractor, give Contractor the right to assume those obligations directly, including all benefits to be derived therefrom. Subcontractor shall thereafter do only such work as may be necessary to preserve and protect the Subcontract Work already in progress and to protect material and equipment on the Project site or in transit thereto.

Upon any such termination for convenience, Subcontractor shall be entitled to payment only as follows: (1) the actual cost of the Subcontract Work completed in conformity with this Subcontract Agreement; plus, (2) ten percent (10%) of the cost of the Subcontract Work completed for overhead and profit. There shall be deducted from such sums the amount of all payments Subcontractor has previously received on account of such work performed. Subcontractor shall not be entitled to any claim or claim of lien against Contractor or Owner for any additional compensation or damages in the event of such a termination for convenience and payment. Termination for convenience shall not relieve Subcontractor of any obligations and duties that would ordinarily survive completion, including but not limited to warranty obligations and duties to indemnify and insure risks.

E. Grounds For Withholding Payment: Contractor may withhold or, on account of subsequently discovered evidence, nullify the whole or part of any previous Progress Payment to the extent necessary to protect Contractor from loss, including costs and actual attorneys' fees, on account of (1) defective work not remedied; (2) claims filed by lower tier subcontractors or suppliers, or Trusts, or reasonable evidence indicating probable filing of claim; (3) failure of Subcontractor to make payments properly to its subcontractors or suppliers, or for material, labor or collective bargaining unit, union fringe benefits and/ or Trusts; (4) a reasonable doubt that this Subcontract Agreement can be completed for the balance then unpaid; (5) penalties assessed against Contractor or Owner for failure of Subcontractor to comply with state, federal or local laws and regulations; or (6) any other ground for withholding payment allowed by state or federal law, or as otherwise provided in this Subcontract Agreement. When the above matters are rectified, such amounts as then due and owing shall be paid or credited to Subcontractor.

- F. In the event Contractor terminates Subcontractor pursuant to Paragraph C above and it is subsequently determined in a civil action or arbitration that it was a wrongful termination or termination for default was improper, Contractor's liability to Subcontractor shall be no greater than it would be if Contractor would have terminated Subcontractor for convenience pursuant to Section D above. Moreover, the damages, if any, Subcontractor shall be entitled to shall be limited to the compensation, if any Subcontractor would be entitled to in the event of a termination for convenience in accordance with Section D above.

XXII. Consequential Damages

Subcontractor waives all claims against Contractor for consequential damages arising out of or relating to this Subcontract Agreement.

XXIII. Insurance

- A. **Subcontractor's Insurance Generally:** Subcontractor agrees to provide all information and documentation as required by the Invitation to Bid, bid specifications and the Contract Documents prior to commencing the Work. Before commencing the Subcontract Work, and as a condition of Progress Payment, Subcontractor shall purchase and maintain insurance for claims arising out of its operations under this Subcontract Agreement, whether the operations are by Subcontractor, or any of its consultants or subcontractors or anyone directly or indirectly employed by any of them, or by anyone for whose acts any of them may be liable. If Subcontractor is enrolled in a Clayco Coordinated Insurance Program (CCIP) for the Project, then Subcontractor shall comply with all provisions of Attachment E, and relevant Attachments. If Subcontractor, or any of its tiered subcontractors, is not enrolled in the CCIP, then Subcontractor or any of its tiered subcontractors, as applicable, shall comply with all provisions of Exhibit A.
- B. Certificates of insurance showing required coverage to be in force shall be filed with Contractor prior to commencement of the Subcontract Work, and no payments shall be made to Subcontractor until such time as Subcontractor provides Contractor with a valid certificate of insurance for its coverage and for compliant coverage of its tiered subcontractors. Acceptance of any insurance certificate by Contractor shall not constitute acceptance of the adequacy of coverage, compliance of this Subcontract Agreement or serve as an amendment to this Subcontract Agreement.
- C. Subcontractor shall continue to carry Completed Operations Liability Insurance for at least one year after either ninety days following substantial completion of the Project or final payment by Owner to Contractor, whichever is earlier. Subcontractor shall furnish Contractor evidence of such insurance at final payment and one year from final payment.
- D. Subcontractor shall maintain in effect all insurance coverages required under this Subcontract Agreement at the Subcontractor's sole expense. The policies shall contain a provision that coverage will not be cancelled or not renewed until at least thirty days' prior written notice has been given to Contractor.
- E. If Subcontractor fails to obtain or maintain any insurance coverage required under this Subcontract Agreement, such act shall constitute an act of Default, and Contractor may invoke its termination rights as provided for herein. Alternatively, Contractor may purchase such coverage as desired for Contractor's benefit and charge the expenses to Subcontractor, or exercise any other rights that Contractor may have under this Subcontract Agreement as the result of Subcontractor's Default.
- F. **Professional Liability Insurance:** If the Subcontract Agreement requires Subcontractor to provide design-build engineering and/or any professional services and/or to specify design and performance criteria, then Subcontractor shall maintain Project Specific Professional Liability Insurance, including contractual liability insurance against the liability assumed by Subcontractor in contractually agreeing to perform such services, and including coverage for any professional liability caused by any of the Subcontractor's consultants. Subcontractor shall maintain at least the limits of liability in a company satisfactory to the Contractor as follows:

\$ 2,000,000 Each Claim/Aggregate

The Professional Liability Insurance shall contain prior acts coverage sufficient to cover all subcontract services rendered by the Subcontractor. Such insurance shall be maintained continuously in effect by Subcontractor for a period of not less than ten years following Final Payment to Subcontractor. This requirement contemplates the maintenance of a Professional Liability policy by Subcontractor, not merely the purchase of an extended reporting period endorsement.

Subcontractor shall furnish to Contractor, before Subcontractor commences its services, a copy of its professional liability policy evidencing the coverages required by this Paragraph. No policy shall be cancelled or modified without thirty days' prior written notice to Contractor.

- G. **Builder's Risk Insurance, Waiver of Subrogation:** Contractor or Owner shall provide Builder's Risk insurance for the Project. Contractor and Subcontractor waive all rights against each other, the Owner and the architect and engineer, and any of their respective consultants, subcontractors, and sub-subcontractors, agents and employees, for damages caused by perils to the extent covered by the proceeds of the Builder's Risk Insurance or any property insurance provided for the Project, except such rights as they may have to the insurance proceeds, provided, however, that the waiver stated in this paragraph shall not be effective if the Owner has not agreed in the Contract Documents to a waiver of claims for damages caused by perils to the extent covered by the proceeds of the Builder's Risk Insurance. Subcontractor shall require similar waivers from its subcontractors. The policies shall provide such waivers of subrogation by endorsement or otherwise. A waiver of subrogation shall be effective as to a person or entity even though that person or entity would otherwise have a duty of indemnification, contractual or otherwise, did not pay the insurance premium directly or indirectly, and whether or not the person or entity had an insurable interest in any property damaged.
- H. **Builder's Risk Deductible:** Claims under Contractor's Builder's Risk policy shall be subject to a deductible amount. If the Owner has provided the Builder's Risk policy for the Project, claims thereunder shall be subject to the deductible amount of the policy obtained by the Owner. If claim results from construction activity, the Subcontractor or subcontractor of any tier that is deemed to be responsible shall pay the deductible amount (regardless of whether Contractor or the Owner provided the Builder's Risk policy). If claim results from force majeure, the Subcontractor or Subcontractor of any tier will be responsible for the deductible (regardless of whether Contractor or the Owner provided the Builder's Risk Policy). In the case of theft of Subcontractor's materials, supplies or equipment, Subcontractor shall be responsible for same to the extent the loss is not covered by the Builder's Risk policy. Contractor shall not be responsible for loss or damage to or obtaining and/or maintaining in force insurance on temporary structures, construction equipment, tools or personal effects, owned or rented to or in the care, custody and control of Subcontractor or subcontractors of any tier.
- I. **Waiver of Subrogation:** Subcontractor's policies required under this Subcontract Agreement shall provide such waivers of subrogation by endorsement or otherwise. A waiver of subrogation shall be effective as to a person or entity even though that person or entity would otherwise have a duty of indemnification, contractual or otherwise, did not pay the insurance premium directly or indirectly, and whether or not the person or entity had an insurable interest in any property damaged or personal injury.
- J. **CCIP:** Contractor may, for any reason, modify the CCIP coverages, procure alternate coverage, discontinue the CCIP, or request that any Subcontractor withdraw from the CCIP upon thirty (30) days written notice. Upon such notice, Subcontractor, as specified by Contractor in such notice, shall obtain and thereafter maintain during the performance of the Work, replacement coverage for all of the CCIP Coverages (or a portion thereof as specified by Contractor). The form, content, limits of liability, cost, and the insurer issuing such replacement insurance shall be subject to Contractor's approval.
- K. **Deductibles/Self-Insured Retentions:** Subcontractor, and its subcontractors of all tiers, shall be responsible for any deductible or self-insured retentions due under any insurance they provide. The coverage afforded to additional insureds shall not be conditioned on the payment of any deductible or retention.

XXIV. Indemnification

To the fullest extent permitted by law Subcontractor shall indemnify and hold harmless Contractor and Owner (and their respective officers, agents, employees, affiliates, parents and subsidiaries) from and against all claims, demands, causes of action, damages, costs, losses, liability, and expenses, including but not limited to attorneys' fees, arising out of or resulting from performance of the Subcontract Work by Subcontractor or any of its sub-subcontractors or suppliers, provided that such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death or to injury to or destruction of tangible property other than the Subcontract Work itself, but only to the extent caused by the acts or omissions of the Subcontractor, anyone directly or indirectly employed by them, or anyone for whose acts they may be liable, including any sub-subcontractors or suppliers of Subcontractor. Subcontractor shall not be required to indemnify any party for their sole negligence or willful misconduct.

Subcontractor's indemnity obligation shall not be limited in any way by any limitation of amount or type of damages, compensation or benefits payable by or for the Subcontractor under worker's compensation acts, disability acts or other employee benefit acts. Subcontractor specifically waives any immunity provided against this indemnity by any industrial insurance or workers' compensation statute.

Subcontractor shall also indemnify and hold harmless Contractor from any and all claims, demands, causes of action, damages, costs, expenses, attorneys' fees, losses or liability of every kind and nature whatsoever arising out of or in connection with Subcontractor's operations to be performed under this Subcontract Agreement, and to the extent caused by Subcontractor's breach of any of its obligations under the Contract Documents.

In such cases where this indemnity agreement applies (or where any other indemnity agreement provided for in the Contract Documents applies) Subcontractor, upon demand by Contractor, shall provide a competent defense of all claims covered by the indemnity agreement and shall remain responsible for all of the costs of defense of the claim, and for any damages awarded to the claimant by settlement, mediation, arbitration, litigation or otherwise.

XXV. Work Continuation and Payment

Subcontractor shall carry on the Subcontract Work and maintain the Progress Schedule pending resolution of any Dispute or claims by dispute resolution. **Under no circumstances shall Subcontractor stop the Subcontract Work for any reason, except as provided for in this Paragraph.** The sole exception to Subcontractor's promise not to stop the work is the following: If Contractor fails to pay Subcontractor within ten days after Contractor has received payment from Owner for work that was properly performed and billed by Subcontractor, and for which Subcontractor has completed all requirements that entitle it to receive such payment, Subcontractor shall give Contractor seven days written notice citing the condition that gives rise to the stop work right, allowing Contractor the ability to cure such condition. If Contractor fails to cure the condition that gave rise to the stop work right within the seven-day cure period, then Subcontractor shall have the right to stop the work. If Contractor thereafter makes payment, Subcontractor shall promptly recommence work. Any extra costs incurred by Subcontractor to stop the work and to remobilize its forces may be submitted to Contractor as a Change Order.

XXVI. Dispute Resolution

Notwithstanding anything to the contrary in this Subcontract, including in this Article XXVI, the dispute resolution procedures set forth in the General Contract shall take precedence over this Article as to any disputes that involve parties other than Contractor and Subcontractor and that are subject to the provisions of the General Contract, including Owner or any agents, consultants or Separate Contractors of Owner. Accordingly, to the extent the General Contract requires arbitration, Subcontractor agrees it shall submit to such binding arbitration in accordance with the procedures set forth in the General Contract.

- A. **Initial Dispute Resolution:** If a dispute arises out of or relates to this Agreement or its breach, the parties shall endeavor to settle the dispute first through direct discussions. If the dispute cannot be settled through direct discussions, the parties shall endeavor to settle the dispute by mediation precedent to litigation.
- B. **Continuance of Work:** Subcontractor shall carry on its work and maintain the Progress Schedule pending resolution of any disputes under these dispute resolution procedures.
- C. **Mediation:** Any Dispute or claim arising out of or related to the Subcontract Agreement shall be subject to mediation as a condition precedent to litigation.. A mediation pursuant to this Article may be joined with a mediation involving common issues of law or fact between Contractor and Owner and/or any person or entity with whom the Owner or Contractor has a contractual obligation to mediate disputes which does not prohibit consolidation or joinder, with the claims and disputes of Owner, Contractor, Subcontractor and other subcontractors involving a common question of fact or law to be heard by the same mediator in a single proceeding.

The parties shall endeavor to resolve their claims by mediation which, unless the parties mutually agree otherwise, shall be conducted in accordance with the Construction Industry Mediation Rules of the American Arbitration Association currently in effect at the time of the mediation. The location of the mediation shall be in the state where the Project is located; provided, however, that if the Project at issue is physically located in Missouri or Illinois, then the mediation shall be conducted by the AAA in St. Louis. Mediation shall be completed within 60 days after written demand for mediation is served upon the other party. Either party may terminate the mediation at any time after the first session, but the decision to terminate must be delivered in person by the party's representative to the other party's representative and the mediator.

- D. Costs: The cost of any mediation proceeding shall be shared equally by the parties participating. The prevailing party in any dispute arising out of or relating to this Agreement or its breach that is resolved by a dispute resolution procedure designated in the Contract Documents shall be entitled to recover from the other party reasonable attorney's fees, costs and expenses incurred by the prevailing party in connection with such dispute resolution process.
- E. In the event the provisions for resolution of disputes between the Contractor and the Owner contained in the Contract Documents do not permit consolidation or joinder with disputes of third parties, such as the Subcontractor, resolution of disputes between the Subcontractor and Contractor involving in whole or in part disputes between the Contractor and the Owner shall be stayed pending conclusion of any dispute resolution proceeding between the Contractor and the Owner. At the conclusion of those proceedings, disputes between the Subcontractor and Owner shall be submitted again to mediation pursuant to Article XXVI. Any disputes not resolved by mediation shall be decided by litigation in a court of competent jurisdiction
- F. **WAIVER OF JURY TRIAL:** WITH RESPECT TO ANY SUCH LITIGATION, EACH PARTY TO THIS AGREEMENT HEREBY KNOWINGLY, VOLUNTARILY AND WILLINGLY WAIVES ALL RIGHTS TO TRIAL BY JURY IN ANY ACTION, SUIT, OR PROCEEDING BROUGHT TO RESOLVE ANY DISPUTE BETWEEN OR AMONG ANY OF THE PARTIES HERETO, WHETHER ARISING IN CONTRACT, TORT, OR OTHERWISE, ARISING OUT OF, CONNECTED WITH, RELATED OR INCIDENTAL TO THIS AGREEMENT, THE TRANSACTION(S) CONTEMPLATED HEREBY AND/OR THE RELATIONSHIP ESTABLISHED AMONG THE PARTIES HEREUNDER.
- G. Nothing about these dispute resolution provisions shall prohibit Subcontractor from taking the necessary actions to perfect its mechanic's lien rights or payment bond rights. Any mechanic's liens or payment bond claims filed with a Court shall be promptly stayed pending resolution of the dispute in accordance with these dispute resolution provisions.
- H. Notwithstanding the foregoing, in the event that a dispute arises between Contractor and Owner involving common issues of law or fact between Contractor and Subcontractor (including situations where Contractor disputes liability to the Owner, but in the alternative seeks to hold Subcontractor liable to Contractor if Contractor is deemed to be liable to Owner), and the dispute resolution provisions of the General Contract are different than the foregoing provisions, then at Contractor's option, in its sole discretion, such differing dispute resolution provisions shall be incorporated herein, and Subcontractor agrees to comply with such provisions and to participate in and be fully bound by such differing dispute resolution provisions.
- I. Notwithstanding the foregoing Paragraphs A through H of this Section XXVI, Contractor at its option may, in its sole discretion, invoke the following dispute resolution provisions, to which Subcontractor agrees to be bound in lieu of the provisions stated in Paragraphs A through M above. Specifically, upon written application of Contractor, the parties agree to submit their dispute to resolution before the American Arbitration Association ("AAA") in accordance with the Construction Industry Mediation Rules of the AAA currently in effect at the time of the mediation, adjusted as follows: (a) Contractor will file a written demand with the AAA for mediation of the dispute, with the dispute to be heard by a mediator in St. Louis, Missouri; (b) the mediation shall be completed within 60 days after written demand for mediation is served upon the other party; (c) by no later than 14 days prior to the mediation, the parties shall serve upon the mediator and each other a written position statement, with exhibits, outlining their respective claims and defenses; (d) by no later than 3 days prior to the mediation, the parties shall serve upon the mediator and each other a written position statement in reply to that earlier filed by the other party; (e) after eight hours of actual mediation time to be conducted in a single day, if the matter is not resolved, the mediator shall immediately assume the role of an arbitrator; (f) the arbitrator shall not consider any item of evidence which was not produced by the parties in their respective statements of position nor disclosed to the other in the course of the Mediation, all as determined by the arbitrator; (g) at such time as the mediator shall become an arbitrator, each party shall promptly make one last, best and final offer and demand in writing, which shall be simultaneously submitted to the arbitrator; (h) the arbitrator shall then disclose to the parties the amounts of said last offers and demands; (i) within five days of having received said last offers and demands (but not earlier than seventy-two hours of having received said last offers and demands), the arbitrator shall issue an Award which shall adopt one and only one of said last offers or demands, without modification or amendment, and the same shall then constitute the award. Each side shall bear its own attorney's fees, costs and expenses, including AAA fees and expenses. The award of the arbitrator shall be final and binding, and judgment may be entered upon it in accordance with applicable law in any court having jurisdiction thereof. If the award is issued prior to final completion of the Project, then the parties agree to sign a Change Order to reflect the award.

XXVII. Miscellaneous Provisions

- A. **Patents:** Subcontractor agrees to indemnify, defend and hold harmless Owner and Contractor from any claims, demands, or damages of any nature on account of the alleged use of any patented invention, article or process in connection with its work under this Agreement, either in the course of construction or after completion of the Subcontract Work, and Subcontractor further agrees to defend at its own expense, any suit for alleged infringements.

- B. **Liens:** So long as Contractor has fulfilled its payment obligations to Subcontractor, Subcontractor shall indemnify and hold harmless Contractor and Owner from and against any and all liens, stop payment notices, and/or payment bond claims (collectively "Lien") arising from Subcontractor's performance of its Subcontract Work. Subcontractor shall, within ten days after receiving notice of any such Lien from Contractor, remove and/or resolve such Lien to Contractor's satisfaction. If Subcontractor fails to remove and/or resolve the Lien as provided above, Contractor is authorized to use whatever means in its discretion it may deem appropriate to cause the Lien to be removed and/or resolved. In such event, any costs incurred by Contractor, including the cost of payment made to remove and/or resolve the Lien, and including attorney's fees incurred by Contractor, shall be immediately due and payable to Contractor by Subcontractor. Contractor may reduce any amounts otherwise due Subcontractor by the amount of such costs and fees incurred. This paragraph shall not be interpreted to prevent Subcontractor itself (as opposed to its laborers, lower tier subcontractors and suppliers) from filing a lien, stop payment notice, or bond claim in the event of Contractor's default of its payment obligations.
- C. **Hazardous Materials:** To the extent that the Contractor has rights or obligations under the General Contract or by law regarding hazardous materials as defined by the Contract Documents, with respect to any hazardous materials within the scope of the Subcontract Work, Subcontractor shall have the same rights or obligations.
- D. **Notices:** Any notice required or permitted under this Subcontract Agreement shall be given in writing (unless otherwise expressly provided herein to the contrary). Any written notice shall be given by any one or more of the following methods: (i) hand delivery to the principal office of the party being notified during normal business hours by courier, Federal Express or other reputable courier service which provides confirmation of delivery (and the same shall be deemed given upon delivery to such principal office); or (ii) facsimile (FAX) to the number set forth on the first page hereof (and the same shall be deemed given upon transmission if no notice of non-delivery is received by the sender). If a party sends an electronic mail with respect to any matter, then such electronic mail shall not be sufficient to constitute valid or written notice under this Subcontract Agreement (regardless of whether the same is actually received by the party being notified). Notwithstanding anything to the contrary in the foregoing, an electronic mail shall be sufficient to constitute valid and written notice under this Subcontract Agreement if given (a) by Contractor to Subcontractor (and sent to the last known e-mail address of Subcontractor's jobsite representative or Subcontractor's Project Executive (identified pursuant to Section VIII.B. herein)), and (b) for any one or more of the reasons described in Section VIII.E (cleanup), Section XIV.B (failure to maintain satisfactory progress of the Subcontract Work), Section XX (Warranty and Defective Work), Section XXI.B (Default), Section XXI.C (Termination for Default), Section XXI.D (Termination for Convenience) or Section XXVII.B (Liens).
- E. **Confidentiality:** To the extent that the General Contract imposes any confidentiality limitations on Contractor, like confidentiality limitations are agreed to be imposed on Subcontractor.
- F. **Law Governing:** This Subcontract Agreement shall be governed by the laws of the State where the Project is located.
- G. **Waiver of Breach:** Waiver by Contractor of any breach hereby by Subcontractor, or Contractor's failure to assert any right, shall not constitute a waiver of any subsequent breach of the same or any other provision hereof. Rights may only be waived if expressed in writing and signed by an officer of Contractor. If any provision of this Agreement, or any part thereof, shall at any time be held to be invalid, in whole or in part, under any applicable Federal, State, Municipal or other law, ruling or regulation, then such provision shall remain in effect to the extent permitted, and the remaining provisions hereof shall remain in full force and effect.
- H. **Availability of Records, Accounts And Audit:** Subcontractor shall make its books, records and Project documents available to Contractor for review and inspection and/or audit in accordance with the same terms and conditions that are stated in the General Contract requiring the Contractor to make its books, records and Project documents available to the Owner and/or permit the Owner to audit the Contractor's records. It is intended that the Contractor will have the same rights in this regard against the Subcontractor as the Owner has against the Contractor.
- I. {reserved}.
- J. **Lien Waiver Forms:** Lien waiver forms shall be obtained and approved by Contractor and may be required to be issued electronically through Textura or other software system. Further, lien waiver forms or other affidavits may be required to be provided to a title company or other escrow agent as reasonably requested by Contractor. Notwithstanding anything to the contrary, Contractor shall have right, at its sole discretion, to require Subcontractor to have its lower tier subcontractors and suppliers, submit invoices and lien waivers through Textura and receive payments directly from Contractor through ACH disbursements. Tier subcontractor/supplier will pay a one-time Textura fee at time of contract acceptance in Textura. Contractor will reimburse tier subcontractor/supplier within sixty (60) days of payment of fee.
- K. {reserved}.
- L. **Attachments:** Other documents specific to the Project contemplated by these Contract Documents are included in the Attachments.
- M. **Contingent Assignment:** To the extent that the Contract Documents require that Subcontractor contingently assign this Subcontract Agreement to Owner and/or Owner's Lender (such as upon event of termination of Design-Builder), Subcontractor agrees to such assignment.

- N. Compliance: Subcontractor shall comply with all regulatory and statutory requirements of the Contract Documents as such requirements are incorporated herein. Subcontractor shall indemnify, defend and hold Contractor harmless from any damages, including fines and penalties, to the extent resulting from or related to Subcontractor's non-compliance or violation of a regulatory or statutory obligation. Obligations may include, but are not limited to, adherence to specific FAR provisions and implementation and compliance with Contractor's Code of Business Ethics and Conduct in accordance with Exhibit F attached hereto. **Subcontractor agrees and acknowledges it has read the materials found at <https://claycorp.com/subcontract2/> and agrees to perform the Work in accordance with the policies and codes of conduct listed therein.**
- O. Subcontractor Prequalification: Unless Contractor advises in writing that Subcontractor's compliance with this Paragraph is not required, before commencing the Subcontract Work, and as a condition of payment, Subcontractor shall fully complete or otherwise update Contractor's "Subcontractor/Supplier Prequalification" form (the "Prequalification Form"), and provide to Contractor the fully completed Prequalification Form and all information and/or documentation required to be submitted by the Prequalification Form. Subcontractor certifies that all of the information and/or documentation provided to Contractor in connection with the submittal to Contractor of the Prequalification Form is true and correct to the best of the Subcontractor's knowledge, information and belief. At any time during the Project, within seven days of its receipt of written request from Contractor, Subcontractor shall update the information provided in the Prequalification Form and certify that the updated information provided to Contractor is true and correct to the best of the Subcontractor's knowledge, information and belief. In the event that (a) Subcontractor fails to comply with the terms of this Paragraph, or (b) Subcontractor fails to timely provide Contractor with truthful and complete information in responding to the Prequalification Form and/or requests from Contractor for updates to same, or (c) there shall occur during the course of the Project a material detrimental change (as determined in the discretion of Contractor) in the information respecting Subcontractor provided to Contractor in or with the Prequalification Form, then such shall be the basis for a Default.

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NOTICE OF INDEMNIFICATION: SUBCONTRACTOR AND CONTRACTOR HEREBY ACKNOWLEDGE AND AGREE THAT THIS SUBCONTRACT AGREEMENT CONTAINS CERTAIN INDEMNIFICATION OBLIGATIONS AND COVENANTS.

THIS AGREEMENT CONTAINS A BINDING ARBITRATION PROVISION WHICH MAY BE ENFORCED BY THE PARTIES.

Exhibit A: General Insurance Requirements

Exhibit B: List of Lower Tier Subcontractors and Suppliers, and Designer, if any

Exhibit C: Subcontractor's Scope of Work

Exhibit D: Compliance Certification

Exhibit E: Substance Abuse Testing Certification (applicable to subcontractor and/or its lower tiers that employ or utilize non-union workers)

Exhibit F: Gifts and Gratuities Certification

Exhibit G: Special Provisions of General Contract and Other Additional Provisions

Initial:

Subcontractor is obligated to furnish the insurance certificates as set forth in Exhibit A, if applicable, and any other documents as reasonably required

AZ
AZ

Subcontractor is obligated to complete and execute Exhibit B, Exhibit D, Exhibit E, if applicable, and Exhibit F

AZ
AZ

Contract Attachment Description
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Attachment A - Drawing Document List - 06-10-2019

Attachment B - Bluepoint - Construction Schedule 20190409

Attachment C Work Rules 2019 12 03 2018

Attachment D - Non-CCIP Insurance Certificate - Project Bluepoint 101-03376

Attachment G Dropped Item Prevention Program 2017.08.22

Attachment J - Project Applications

Attachment SA SSSP 2019 02 20 v2

Exhibit A 2013.06.17

CONTRACTOR:

Clayco, Inc.

By: Caitlin O'Brien
Caitlin O'Brien (Jun 13, 2019)

SUBCONTRACTOR:

Midwest Dock Solutions

By: Anthony Zarlengo
Anthony Zarlengo (Jun 13, 2019)

Re: 103376, Project Bluepoint, Overhead Doors (description)

EXHIBIT A

MINIMUM INSURANCE REQUIREMENTS

103376, Project Bluepoint

Deductibles/self-insured retentions must be stated on the certificate of insurance.**A. Workers' Compensation Insurance**

Workers' Compensation Insurance in statutory limits, including benefits provided under United States Longshoremen and Harbor Workers Act (where applicable), with Coverage B - Employer's Liability limits of:

Bodily Injury by Accident

\$500,000 Each Accident/ Each Employee/Policy Limit

B. Commercial General Insurance

Bodily Injury and Property Damage combined:

\$1,000,000 General Annual Aggregate Per Project

\$1,000,000 Products and Completed Operations Annual Aggregate

\$1,000,000 Each Occurrence

Claims under Contractor's Commercial General Insurance policy shall be subject to a deductible amount of ten thousand dollars (\$10,000) per occurrence. If claim results from construction activity, the Subcontractor or subcontractor of any tier that is deemed to be responsible shall pay the deductible amount. In the event of loss or damage not covered by the General Liability policy, the cost of the repair and/or replacement of such loss or damage will be borne by the Subcontractor or subcontractor of any tier.

C. Automobile Liability Insurance

Bodily Injury and Property Damage combined:

\$1,000,000 Single Limit Each Occurrence

D. Aircraft or Marine (if applicable)

Bodily Injury and Property Damage combined:

\$10,000,00 Per Occurrence

0

E. Umbrella (Excess) Liability Insurance

Bodily Injury and Property Damage combined:

\$1,000,000 General Annual Aggregate

F. Professional Liability – if applicable (All Design-Build, Engineering and/or any Professional Services Rendered)

\$2,000,000 Each Claim/Aggregate

The Professional Liability Insurance shall contain prior acts coverage sufficient to cover all subcontract services rendered by the Subcontractor. Such insurance shall be maintained continuously in effect by Subcontractor for a period of not less than ten years following Final Payment to Subcontractor. This requirement contemplates the maintenance of a Professional Liability policy by Subcontractor, not merely the purchase of an extended reporting period endorsement.

G. Riggers Liability - required if subcontractor's work involves the moving, lifting, lowering, rigging or hoisting of property or equipment.

\$1,000,000

****If Contractor provides the Builder's Risk Insurance for this project:** Claims under Contractor's Builders' Risk Insurance policy shall be subject to a deductible amount of ten thousand dollars (\$10,000) per occurrence. If claim results from force majeure, the Subcontractor will be responsible for the deductible (regardless of who provides the builders' risk policy). Contractor shall not be responsible for loss or damage to or obtaining and/or maintaining in force insurance on temporary structures, construction equipment, tools or personal effects, owned or rented to or in the care, custody and control of Subcontractor or subcontractors of any tier. In the event of loss or damage not covered by the Builder's Risk policy, the cost of the repair and/or replacement of such loss or damage will be borne by the Subcontractor or subcontractor of any tier.

The following must appear on the certificate of insurance before work can begin or any payments can be released:

Certificate Holder:

Clayco, Inc.

2199 Innerbelt Business Center Drive, St. Louis, MO 63114

Wording: Contractor and the Owner of the project are named as additional insureds, on a primary and non-contributory basis, including completed operations. Waivers of subrogation endorsements apply as required by written contract and where permissible by law (applicable endorsements must be attached to certificate of insurance prior to submission).

If there is Owner specific required wording, it shall be listed on Attachment D.

EXHIBIT "B"**LIST OF LOWER TIER SUBCONTRACTORS, SUPPLIERS, DESIGNERS****Subcontractor:** Midwest Dock Solutions**Job No.:** 103376**Job Name:** Project Bluepoint

List all of your sub-subcontractors including contact information, with the actual or estimated dollar amount you will pay them for this Project.

SUB-SUBCONTRACTOR (ALL TIERS)	ITEM / SCOPE	COST

Subcontractor Total: 0

Exhibit "B" Continued

Subcontractor Midwest Dock Solutions

103376, Project Bluepoint

List all of your material suppliers, including contact information, with the actual or estimated dollar amount you will pay them for this Project.

MATERIAL SUPPLIER	ITEM/SCOPE	COST
Clopay Building	Overhead doors	30,000

Material Total 30000

Exhibit "B" Continued

Subcontractor Midwest Dock Solutions

103376, Project Bluepoint

List all of your equipment rental companies, including contact information, with the actual or estimated dollar amount you will pay them for this Project.

EQUIPMENT RENTAL & ITEM/SCOPE	COST
<u>Equipment Total</u> 0	

Exhibit "B" Continued

Subcontractor Midwest Dock Solutions
103376, Project BluepointList all of the union trades and locals which you will use on this Project.

TRADE/LOCAL
Carpenters

Your labor, material form stock, suppliers Overhead & Profit

TOTAL:

30000

TOTAL CONTRACT AMOUNT \$86,000.00

Midwest Dock Solutions (Subcontractor) certifies that the above information is correct. Subcontractor will supply Contractor with all of their sub-subcontractor and material suppliers' lien waivers throughout the job as a condition to any Progress Payment and will supply final lien waivers before Final Payment for the Subcontract Work. Contractor reserves the right to issue joint checks to any of the above listed entities, to pay monies owed into a third party escrow, or to take other action as provided for in the Subcontract Agreement. Change orders to your contract amount that modify the above amounts must be reported to Contractor in the form of a "revised" Exhibit B.

 BY: Anthony Zarlengo
 Anthony Zarlengo (Jun 13, 2019)

EXHIBIT "C"**Subcontractor's Scope Of Work**

Subcontractor agrees to furnish all labor, materials, tools, and equipment necessary to SAFELY complete this scope of work.

Work shall comply with State and Local Building Codes and will meet the Plans and Specifications as listed in Attachment A, in conjunction with the Construction Schedule, Attachment B.

Unit Prices provided during the bid process are made a part of this contract and shall be considered all-encompassing of the work, including Overhead and Profit. Contractor reserves the right to invoke these unit prices as necessary during the project.

Subcontractor will be notified through email or fax of changed drawings, schedules, etc. It is your responsibility to access the website, download and distribute to your company and tiers as needed. Subcontractor/Supplier has seven (7) calendar days from the date of occurrence to claim any extras, provided Contractor is notified in writing within forty-eight (48) hours of occurrence/of notification. After the seven (7) calendar-day time period, no extras will be considered or approved, no exceptions. All extras must be authorized in writing by Contractors Supervisory Representative prior to commencement of work.

Inclusions:**SCOPE OF WORK**

Work shall specifically include, but not be limited to, the following:

General Scope Items

1. Provide all labor, material, equipment and supervision to provide the complete Scope of Work in accordance with the Contract documents.
2. Provide all necessary layout and control required for proper completion of this subcontractor's work as required by the contract documents and this Scope of Work. Clayco shall provide two (2) benchmarks for vertical and horizontal control. This subcontractor shall be responsible for any/all additional layout/control required for proper completion of this subcontractor's work.
3. Obtain and pay for all permits relating to this Subcontractor's Scope of Work. Building permits and usage fees shall be paid by the development/owner. Licenses and fees required to conduct business in the Village of Pleasant Prairie, Kenosha County and/or State of Wisconsin shall be the responsibility of this subcontractor.
4. Conform to all OSHA, hazardous communications and all other applicable safety requirements. All personnel of this subcontractor will wear hard hats, safety glasses, high visibility shirts or vests, gloves, etc. whenever they are on the jobsite – NO EXCEPTIONS. This includes any truck drivers or machine operators when not inside their truck or piece of equipment, whether it be your employees, subcontractors, or suppliers.
5. Project warranty shall be a one (1) year labor and material. The roofing system warranty shall be a twenty (20) year manufacturer's warranty.

Stormwater Pollution Prevention Plan (SWPPP) & Dust Control Plan

1. This subcontractor shall review and comply with the Stormwater Pollution Prevention Plan (SWPPP) and/or Dust Control Plan for the Project. This subcontractor's work may not directly require implementation of SWPPP measures and/or Dust Control, but this subcontractor must be fully aware of the requirements. In the event a SWPPP Best Management Practice (BMP) item is removed, destroyed, or otherwise rendered ineffective, it shall be the responsible of this Subcontractor to repair and/or replace the item.
2. Refer to the Civil drawings for the current Erosion Control Plan for site specific SWPPP requirements.
3. This subcontractor shall be responsible for repairs and/or replacement of damaged silt fence, straw wattles and/or erosion control devices (BMP's) resulting from this subcontractor's work.
4. All damage to the sediment and/or erosion control must be reported to Clayco within thirty (30) minute of occurrence.
5. Proper site drainage must be maintained at all times on this site. This subcontractor shall ensure stock piled materials do not hinder proper drainage.
6. This subcontractor shall be responsible for the removal and/or cleaning of any sediment/debris deposited on the existing public roads which is the direct result of this subcontractor's construction operations and/or equipment.
7. This project is being constructed adjacent to a residential area, and as such, dust control will be strictly enforced. This subcontractor shall be responsible to dust control during completion of this subcontractor scope of work.
8. In the event dewatering and/or pumping is required, sediment bags shall be used.

OVERHEAD DOOR SCOPE OF WORK

Work shall specifically include, but not be limited to, the following:

General

1. Furnish labor, equipment and material to install all sectional overhead doors as shown on the drawings and specifications noted in Attachment "A" and specification section 08 3613.
2. Provide complete operating door assemblies including frames, sections, brackets, guides, tracks, counterbalance, hardware, operators and installation accessories as required.
3. After installation, lubricate, test and adjust doors to operate without warp, twist or distortion.
4. Re-adjust doors after HVAC test and balance is complete to meet AIB standards (i.e. no exterior light can be seen from the interior side of the building).

Dock Doors

1. Provide (44) manually-operated 9' 0" x 10' 0" sectional doors and (2) motorized 12' 0" x 14' 0" sectional doors per the contract documents. Doors to be galvanized steel with polystyrene insulation. R-value to be a minimum of 9.
2. Dock door exterior and interior door skins to be 24 gauge. Drive-in door exterior and interior door skins to be 20 gauge.
3. Include manufacturers standard baked on prime coat. Color to be white.
4. Doors are vertical lift with 3" track, complete with ball bearing roller guides.
5. One 24" x 4" x 8" acrylic window unit and one (1) 1/8" bent plate foot step shall be included on the same side as the lock. Lock, window unit and foot step shall be located on the Master Control Panel side
6. Provide continuous rubber or neoprene weather stripping on all four sides and between sections. Include brush weather seal on bottom of doors.
7. Include a thermal break between each section.
8. Provide manufacturers standard torsion spring counterbalance mechanism for manual push-up operation.
9. Operation-Cycle Requirements: Design sectional door to operate not less than 10,000 cycles.
10. Include switch type limit switch mounted to the track so that the overhead doors must be in the fully open position before allowing the dock levelers to operate. Wiring between the limit switches and the dock equipment control panel or overhead door operator shall be by others.
11. It is the Overhead door subcontractor's responsibility for the following:
 - a. Install full height track for proper use in locations where louvers are above overhead doors.
 - b. Verify all wall openings are ready to receive work and opening dimensions/tolerances are within specified limits.
 - c. Verify all the electric power is available and of the correct characteristics.
 - d. Verify all door unit assemblies are in accordance with the manufacturer's instructions.
 - e. Coordinate installation of electrical service and complete power/control wiring from the disconnect to the unit components.
 - f. Protect all installed products from damage during subsequent construction.
 - g. Clean all doors, hardware, and glazing.
 - h. Remove all temporary labels and visible markings.
 - i. Insure all doors are assembled for smooth operation and the weather-stripping has full contact with the floor.
12. The following tolerances should be a minimum standard for all overhead doors:
 - a. Maximum Variation from plumb: 1/16".
 - b. Maximum Variation from level: 1/16".
 - c. Longitudinal or Diagonal Warp: Plus or Minus 1/8" from 10' straight edge.

Door Motors

1. Electric operators shall be provided on (2) drive-in doors.
2. Provide electric door operator sized for capacity as recommended by door manufacturer. Include complete operator with NEMA-approved electric motor and factory prewired motor controls. This contractor shall mount motors and controls
3. Furnish, install, set and adjust all limit switches. Disconnect switch and power wiring to the motor will be by the Electrical Contractor.
4. Provide NEMA approved momentary contact, three-button remote control station marked "Open", "Close" and "Stop" for electrically operated door.
5. Provide hand-operated disconnect or mechanism to automatically engage emergency manual chain and sprocket operation.
6. Provide pneumatic safety edge device extending full width of door bottom, located in neoprene or rubber astragal mounted to bottom door rail. Contact with switch before fully closing will immediately stop downward travel and reverse direction to fully opened position.

WORK EXCLUDED

1. None

PREAWARD CHANGES TO WORK INCLUDED

Alternate No. 001 – Track Guards

1. Furnish and install (44) sets of track guards for overhead doors.
2. Track guards should be 42" high and be expansion bolted to the floor and the wall using 5/8" expansion bolts.
3. Track guards to be factory painted safety yellow.
4. Track guards to accommodate 3" heavy duty track without a bug screen

PREAWARD CHANGED TO WORK EXCLUDED

1. None

General Project Inclusions:

1. Subcontractor is required to provide labor harmony for all work performed under their Scope of Work, including but not limited to, tier Subcontractors, material/equipment suppliers, and vendors.
2. Subcontractor and its lower tier subcontractors, consultants and suppliers, if applicable, shall be required to utilize Clayco's Project Applications noted in Attachment J to submit RFIs, enter Daily Reports, access Drawings, upload Submittals, etc. Subcontractor will receive a Project Welcome packet with training information for each application. Contractor will be required to review this training material at the beginning of the project and utilize these applications.
3. There shall be NO use of Stilts on any CLAYCO project. The use of stilts is banned due to the high risk of injury in the field. No contractor shall assume the use of these Stilts as a means to complete its scope of work. No compensation shall be granted to any subcontractor for this ban of Stilts on CLAYCO projects.
4. UTILITIES WILL BE EXPOSED BY HAND OR HYDRO-EXCAVATED FOR POSITIVE IDENTIFICATION WHEN GROUND DISTURBANCE ACTIVITIES ARE TO TAKE PLACE WITHIN 15 FEET OF THAT UTILITY. MACHINE DIGGING WITHIN 5' OF UTILITIES IS STRICTLY PROHIBITED. A ground disturbance permit is required before any ground disturbance work can start. Any subcontractor performing ground disturbance must have their own utility locating completed prior to digging. Ground disturbance includes but is not limited to grading, digging, excavation, boring, driving stakes/pins in the ground etc. A utility is any one of the following:
 - a. Any utility shown on the drawings
 - b. Any utility marked by a locating service or that would have been marked by such a service
 - c. Any new utility installed as part of this project
 - d. Any utility noted on the utility plan located in the Clayco jobsite trailer.
5. Subcontractor must have a designated Competent Person, as defined by OSHA, on site when more than two (2) people are working. The designated person must sign in with Contractor's Superintendent as the Competent Person for the company prior to start of any/all work. As a requirement, this Competent Person shall include their cell phone/contact information when signing in to the project. Competent person shall be on site full time during all work activities and until contract work is 100% completed.
6. This project is NOT tax exempt. Include all applicable sales tax. Include any other applicable taxes that apply to this project.
7. Field Offices - A limited number of Subcontractor's field offices or storage space can be accommodated at the Project Site. Before any occupancy of such space is scheduled, you must receive the specific approval and location assignment from Contractor's Superintendent. Contractor's Field Office telephones are not available to Subcontractors except in emergency situations. Storage space should be clean, neat and presentable at all times. No area may be set aside for continuous storage space. Materials will be relocated as necessary to facilitate job progress. Offsite storage is strongly recommended.
8. Parking areas are as designated by the Project Superintendent. Any/all off-site parking expenses, to include, but not limited to, monthly passes, hourly metered parking, parking rental and/or any parking violations shall be the responsibility of the Subcontractor's employee and/or this Subcontractor. No personal vehicles are allowed in the building.
9. Conduct of Employees - Contractor reserves the right to bar access to the site to any workman or employee who carries on in such a way as to hazard the safe and timely progress of the construction operation. Specifically enforced will be prohibitions which bar the use of alcohol and/or drugs on the jobsite before, during and after working hours. Absolutely no visitors. Personnel meeting someone for lunch or being picked up / dropped off for work must do so offsite. Weapons of any type will not be permitted or tolerated. Sanitary facilities are for the use of all Subcontractors. Instruct your employees to use them. Jobsite radios and "boom boxes" are not allowed and will be confiscated immediately. Work hours are from 7:00 a.m. to 3:30 p.m. Monday thru Friday, National Holidays excluded, unless otherwise dictated by Contractor.
10. Each Subcontractor shall include daily cleanup of all trash resulting from their work. This includes debris and rubbish, inside and outside of the building, break and lunch areas created as a result of this Subcontractor's work. Subcontractor shall clean up to Contractor furnished dumpsters, trash chutes, and/or trash carts placed on the floors. Piling trash on floors is not acceptable. If,

after proper verbal and written warnings have been issued by the Contractor, this Subcontractor still fails to properly cleanup and/or remove debris, the Contractor shall perform these duties on the Subcontractor's behalf. A deductive change order will be issued to the subcontractor for any/all costs incurred by Contractor for the corrective action(s) taken.

11. Subcontractor shall be solely responsible to coordinate the delivery and staging of any material or equipment delivered to the project with Contractor's Superintendent. A minimum of five (5) days' notice is required prior to any/all deliveries. Any material delivered and staged which was not coordinated is subject to being moved by Contractor at this Subcontractor's expense.
12. In all cases where others shall furnish materials to this Subcontractor, this Subcontractor shall be responsible for receiving, unloading and distributing of such. This Subcontractor shall verify deliveries with the supplier and any discrepancies and/or damages shall be brought to Contractor's attention immediately. Loss of material due to theft, under/overage delivery, misplacement, damaged prior to and/or during installation, or general carelessness shall be the responsibility of this Subcontractor and replacement and/or repair shall be the sole responsibility of this Subcontractor.
13. Include required freight, unloading, rigging, hoisting and distribution of materials, including all labor to complete this work. This shall also include required cranes, lifts, lulls, etc. required to hoist material under this scope.
14. Temporary power may not be available at the jobsite. This Subcontractor shall include generator(s) as required for proper and safe completion of their respective Scope of Work.
15. Subcontractor will be responsible for providing any temporary water required to complete their respective Scope of Work.
16. Include all layout required to complete this work from control points provided by Contractor. Control points shall include a benchmark, building corners and one column line in each direction. Coordinate necessary layout and controls for all work with Contractor's Project Superintendent.
17. Any damaged, destroyed, or otherwise manipulated points, which require re-staking, as the result of this Subcontractor shall be re-established by Contractor and a deductive change to this Subcontractor shall be issued. Any excessive staking and/or re-staking required due to the fault of this Subcontractor and/or its lower tier Subcontractors shall be charged to this Subcontractor. Excessive re-staking shall be determined at the sole discretion of Contractor.
18. It is the responsibility of each Subcontractor to protect their on-site stored materials from damage due to the installation of other work, the elements, etc. and as dictated by LEED for proper IAQ management. Materials with a high theft potential should not be delivered until needed. If such materials are delivered, this Subcontractor is responsible for the safe and secure storage of materials.
19. Include scaffolding, ladders and staging as required to complete this Subcontractor's Scope of Work.
20. Each Subcontractor shall provide their own certified traffic control as required for the completion of their work. Including traffic control (temporary and/or permanent) for material deliveries.
21. In the event that any portion of this Subcontractor's work is required to take place in a public right-of-way, this Subcontractor shall provide/obtain all required permits, barricades, signage, lane closures, etc. as required by the local authorities having jurisdiction and in accordance with the latest adopted version of the Manual of Uniform Traffic Control Devices (MUTCD).
22. Include any/all Local, City or State licenses required for the proper and legal completion of this Subcontractor's Scope of Work.
23. Daily reports must be turned in to the Contractor's Project Superintendent on a daily basis. Daily reports must be completed in PMWeb. Daily reports must include daily man power, description of work performed, etc. Each Subcontractor's field representative shall furnish, daily, to the Contractor Field Office a copy of the Daily Log Report used by the respective Subcontractor. Pertinent information to be furnished shall include: daily manpower strengths by trade and classification, tasks accomplished, equipment on site, deliveries, and an informal annotation as to anticipated short range unusual requirements or peculiar conflicts. Internal corporate data may be stricken or omitted. Monthly pay Requests will not be processed unless and until the Subcontractor's Daily Log Reports are furnished to Contractor in completed form on a timely basis.
24. The initial lead foreman will not be replaced for the duration of the project unless directed or otherwise approved by the Contractor.
25. PRE-TASK SAFETY ANALYSIS (PTSA) is to be completed daily prior to starting work every day. A new or revised PRE-TASK SAFETY ANALYSIS (PTSA) is to be completed if any scope or task activity differs from original activities for the day.
26. Weekly subcontractor meeting attendance is required. Periodic participation in LEED Status Meetings on an as-needed basis by the subcontractor is required.)
27. All lifts or equipment used on concrete slabs shall be diapered to prevent damage from oil/hydraulic leaks and shall have white non-marking tires or tire wraps. If tire wraps are utilized, they must be maintained and replaced when torn or no longer repairable.
28. All utility locates shall be the responsibility of this Subcontractor for their Scope of Work prior to any excavations.

Subcontractor shall assure that underground utilities are not damaged by its excavation, trenching, auguring, drilling or other operations. Subcontractor shall contact the appropriate utility or utility locator service to inspect its work area to locate and mark underground utilities, and provide Contractor with "digger #" and renewed "digger #" prior to starting work. Subcontractor shall preserve markings, or have locations marked again, so that equipment operators know where the utilities are located. Utilities shall be exposed by hand digging first and must be verified and visually inspected by Contractor's Superintendent prior to continuing. Subcontractor shall train its operators, foremen and superintendents in proper procedures to avoid damaging underground utilities.

29. Material and/or products shall be as listed in the Project Specifications. Alternates will be considered but shall be submitted and clearly identified as an alternate to the base bid.

30. All materials used shall be new and of first quality and shall be installed in accordance with manufacturer's recommendations. Subcontractor to adhere to LEED product requirements and submit all MSDS sheets for approval.

31. It is the Subcontractor's responsibility to visit the jobsite prior to bidding to become familiar with the project and the existing conditions. No additional money will be paid after project award for items that could have been known as a result of a jobsite visit.

32. Examine all drawings and site conditions. Failure to determine conditions to be encountered shall not be cause for extra compensation or time. As such, Change Order Requests (COR) resulting from this condition will not be accepted nor considered for payment.

33. Subcontractor is responsible for notifying Contractor in writing of any unacceptable substrate conditions. Beginning work by subcontractor constitutes acceptance of the substrate conditions. Any cost for re-working or repairing unacceptable work as a result of unacceptable or faulty substrate conditions shall be borne by this subcontractor.

34. Proposal shall include any labor or material escalation as required by the project construction schedule.

35. It is the responsibility of each subcontractor to coordinate their work with Contractor and other Subcontractors.

36. Closeout documents will be required at the completion of the project and may include electronic and/or hard copy submission. Subcontractor will be responsible to provide the format and quantity requested by Contractor and Owner. As Built Plans must be kept up to date in the field and turned over to the Engineer of Record for final preparation of As Built Plans by Engineer of Record.

37. Invoices will be required to be submitted through Textura, a third party company who provides web-based electronic AIA billing.

Textura fees are based on percent (%) of contract value for Subcontractor and a one-time fee per project for sub-tier contractors. Please contact Textura at 866-TEXTURA (866-839-8872) for current rates.

To view a demo of Textura, go to www.texturalc.com.

38. Normal working hours are from 7:00 a.m. to 3:30 p.m. All work shall be completed during those hours unless prior arrangements are made with Contractor. Payment for "after normal hours supervision" required shall be borne by the Subcontractor who is responsible.

39. Submit sample Certificate of Insurance with proposal.

40. Provide written detailed schedule, which reflects work days, equipment and manpower necessary to complete the ENTIRE scope of work per the bid dates provided herein. Schedule shall incorporate the Work Plan Logic and shall be reviewed and approved prior to mobilization onto site.

41. In cases of conflict between the contract documents, Specifications, Drawings, dimensions and/or design criteria outlined or shown, the more stringent condition shall take precedence.

42. Any/all additional work tickets ("extras") shall be submitted in writing with the complete cost breakdown (labor, material, equipment) and any/all applicable paperwork to the Contractor's Project Manager no later than one (1) week from the date of completion. All "extras" not submitted in the allotted time shall be considered VOID and the associated costs will not be reimbursed. Any/all additional work must be "Verified for Completion" by the Contractor's Site Superintendent. Verification by the Superintendent does not necessarily mean the work will be reimbursed. The Project Manager has final approval/rejection of all additional work.

43. Subcontractor shall perform its own punch list and correct and/all deficiencies. Upon completion of this Subcontractor's punch list items, this Subcontractor and Contractor will examine the work to determine if it is ready for inspection by the Architect, Engineer, Owner, and/or Owner's Representative. Completion of the Architects and/or Engineers punch list shall within seven (7) working days of issuance.

44. Subcontractor shall be required to execute subcontract agreements and change orders electronically through Clayco's contract management system using Adobe Echosign. This product does not require any additional software or purchase by Subcontractor. Subcontractor shall receive notifications via e-mail from "From: Adobe Sign [mailto:echosign@echosign.com].

45. SAFETY

- a. Subcontractor as noted in this Section is defined as this Subcontractor and/or any tier subcontractors, material/equipment suppliers, and vendors.
- b. All work performed under this contract shall be performed in a safe and orderly manner that will not create a hazard to health and property. The implementation of safe working practices and the safety of equipment and facilities shall be subject to review for compliance by Contractor. However, approval does not constitute direction to employ specific safety practices nor does it relieve the Subcontractor from its responsibility for safety. Failure of the Subcontractor to comply with safety regulations and/or to conduct activities in a safe manner shall constitute cause for issuance of a Safety Violation Notice or a Stop Work Order.
- c. The Subcontractor shall be responsible for full compliance, including compliance by lower-tier subcontractors, with all applicable standards OSHA and EPA, federal, state and local laws, statutes and regulations. Any willful violation, refusal, or failure to abate violations of safety and health standards or rules may be justification for removal of Subcontractor personnel from the site and/or contract termination.
- d. During the time which any subcontractor or tiered subcontractor has 30 or more employees working at a job site they must provide a qualified safety professional that dedicates 100% of his/her time to that site in the field performing standard safety functions (e.g. safety inspections, training).
- e. If the workforce increases by increments of 30, the need for additional site safety representatives must be evaluated with Clayco to determine if additional safety resources will be required.
- f. Contractor reserves the right to invoke the Occupational Safety and Health (OSHA) general duty clause on any operation which, in the opinion of Contractor, is being conducted in an unsafe manner, even though the infraction is not specifically spelled out in the regulations or this document.
- g. Contractor will make inspections under the Occupational Safety and Health Administration (OSHA) format and require corrective actions for all deficiencies discovered. Any willful violation, refusal, or failure to abate violations of safety and health standards or rules may be justification for removal of Subcontractor personnel from the site and/or contract termination.
- h. Contractor reserves the right and authority to recover all costs incurred from the Subcontractor(s) failure to comply with all requisite safety policies and procedures, laws statutes and regulations.
- i. Subcontractor shall be responsible for protecting any safety hazard created as a result of the progress of their work
- j. Contractor will require each Subcontractor to conduct regular "Tool-Box" meetings with the field employees at not more than weekly intervals. Employees who flagrantly disregard safety practices will be barred from the Project site. **HARD HATS, Gloves and SAFETY GLASSES WILL BE WORN AT ALL TIMES BY ALL PERSONNEL EMPLOYED AT THE PROJECT SITE!! GOGGLES AND FACE SHIELDS ARE ALSO TO BE USED FOR ALL ACTIVITIES WHERE OSHA REQUIRES, SUCH AS WELDING AND USING A CHOP SAW.** Hard hats and safety glasses are to be supplied by each Subcontractor to his employees, visitors, delivery drivers, etc. The Subcontractor shall furnish all safety equipment and training required in work performance to its employees. This Subcontractor shall provide each work crew with 10 lb. fire extinguishers, currently tagged and charged.
- k. Dropped Item Prevention Program - Each project will use this document (Attachment G) to determine the most effective solutions to prevent all items from dropping to lower levels. Details and expectations associated with this program will be reviewed in advance of final bid packages being submitted to Clayco.

Submittals

Submittals are due in electronically to Contractor's office within one (1) week of receipt of this contract

Closeout Submittals

Closeout submittals are due in Contractor's office to the attention of the Project Manager prior to or contemporaneous with Subcontractor's final application for payment, as further provided for in the Subcontract Agreement.

Schedule

A Progress Schedule may be attached for your information. Please note that start and end dates could change due to circumstances beyond our control, but duration of activity periods shall remain the same. Updated schedules will be distributed to the Subcontractor as required.

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 41



Procedures for Completing Your Subcontract Agreement

1. **Electronically sign and Return the Subcontract Agreement and Safety Letter:**

Follow the instructions within DocuSign to sign the Subcontract Agreement and Safety Letter. Once signed by all parties, you will receive a link to save and/or print a copy for your records. Please electronically sign no later than ten days after receipt.

2. **Provide completed Certificate of Liability Insurance within 10 days:**

You must provide evidence of the insurance type and in the limits as set forth in Rider C of the Opus Subcontract Agreement. Opus Design Build, L.L.C. utilizes myCOI to track and verify vendor insurance coverage, so that vendor does not have to spend time requesting, collecting or delivering a Certificate of Insurance (COI) to Opus Design Build, L.L.C. Upon Opus Design Build, L.L.C.'s receipt of this executed Agreement, vendor will receive an email from registration@mycoitracking.com. Vendor must follow the instructions contained in the email and complete the online registration. Upon completion of registration, myCOI will request proof of insurance directly from vendor's insurance agent(s). In addition to other terms and conditions contained herein, vendor shall not commence work and no payments shall be made to vendor, unless vendor is registered with myCOI and a compliant COI has been received.

Procedures for Submitting Your Application for Payment

1. As described in Article 6 of the General Conditions of Subcontract, use of the Opus Application for Payment Form, the Conditional Release and Waiver Form, and a Schedule of Values is required when applying for payment.
2. To submit your Application for Payment, please navigate to <https://portal.opus-group.com> and follow the necessary prompts.
3. Support documentation can be found here: <https://portal.opus-group.com/help>
4. Application for payment must be submitted by the Subcontractor **no later than the 25th of the month**. Reference: Article 6 in the General Conditions of Subcontract.

Opus Design Build, L.L.C. believes that the safety of its employees, its subcontractors and their employees, and the general public is of the highest priority on all our projects. Our goal is for our projects to have the safest working conditions possible for all involved resulting in an injury and accident-free workplace. To accomplish this goal, a strong and stringent safety program must be followed for the benefit of all.

Our subcontract agreement requires you to comply with the safety policies and requirements of Opus Design Build, L.L.C., and those of all local, state and federal agencies. Specific requirements are referenced in the Safety Article of the General Conditions of Subcontract. Please note the following:

1. You are required to provide safety documentation as listed prior to the start of your work at the jobsite. This documentation must be submitted to the Opus Project Coordinator and include the following information:
 - a. Subcontractor safety manual. 01/01/2024
Latest version date of Subcontractor safety manual: _____
 - b. Site specific safety plan (if required by specific job conditions).
 - c. Site specific fall protection plan (if required by specific job conditions).
 - d. Site specific hazard communication program and safety data sheets (SDS) for all materials brought on site.
 - e. Site specific Written Exposure Control Plan to control respirable crystalline silica for every Subcontractor working with stone, concrete, brick, block, mortar, cement, tile, or other material that may contain Silica and performs one or more of the following tasks: grinding, crushing, hauling, chipping, hammering, drilling, sawing, blasting, dry sweeping, and mixing mortar or concrete.
 - f. Identification of the Subcontractor's designated site safety representative and contact information for the representative.
 - g. List of Subcontractor's employees who have current first aid certifications and who will be at the jobsite.
 - h. Subcontractor's emergency contact phone number list.
2. You are required to actively participate in the project safety program. Please note the following points:
 - a. We require 100% hardhat and 100% safety eye wear policy on all Opus construction sites.
 - b. We require proper work clothing to include high visibility clothing for earthmoving operations.
 - c. We require mandatory fall protection at 6' or greater.

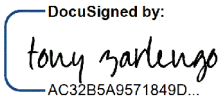
Opus Design Build, L.L.C. places the highest priority on safety and it has the right to take appropriate action to enforce applicable safety policies and requirements. We trust that you are in agreement with this emphasis of safety and will cooperate fully.

Thank you for your cooperation.

Please enter the required information above and acknowledge your understanding of the requirements outlined in this letter by signing below and returning one copy with your signed subcontracts:

SUBCONTRACTOR:

Midwest Dock Solutions, Inc.

By:  _____
AC32B5A9571849D...

Name: tony zarlengo _____

Its: Owner _____



Euclid Beverage Expansion / 32285
Dock Equipment
Tony Zarlengo / Midwest Dock Solutions, Inc.
PH: 708.367.0801 / M: 708.921.8950
Email: tony@midwestdocksolutions.com

SUBCONTRACT AGREEMENT

This Subcontract Agreement ("Subcontract") is made as of 03/26/2024 by and between Opus Design Build, L.L.C., a Delaware limited liability company ("Contractor"), with its office located at 9700 West Higgins Road, Suite 900 Rosemont, Illinois 60018, and Midwest Dock Solutions, Inc. ("Subcontractor") with its office located at 27 E 36th Place Steger, Illinois 60475.

Contractor and Subcontractor agree as follows:

1. Subcontract Documents. The term "Subcontract Documents" is defined in Paragraph 1 of the attached RIDER A.
2. Project. Contractor is providing design and construction-related services to Owner (defined below) in connection with the project generally described as Euclid Beverage Expansion ("Project"), located at 200 Overland Dr North Aurora, Illinois 60542 ("Project Site").
3. Owner. The Owner of the Project is Summitt Enterprises LLC ("Owner").
4. Architect/Engineer. The architect and engineers ("Architect/Engineer") of record for the Project are:

Architect: Opus AE Group, L.L.C.

Civil Engineer: Jacob & Hefner Associates, Inc.

Structural Engineer: Opus AE Group, L.L.C.
5. Scope of Subcontract Work. Subcontractor's scope of work for the Project is described in Paragraph 1 of the attached RIDER A and is defined therein as the Subcontract Work.
6. Schedule. Time is of the essence. Accordingly, all time limits and requirements for completion set forth in the Subcontract Documents, including any intermediate milestones (collectively referred to in the Subcontract Documents as the "Schedule"), are of the essence of this Subcontract. Subcontractor shall begin its Subcontract Work as soon as the Project is ready for the Subcontract Work or within three (3) calendar days after being notified orally or in writing to proceed by Contractor. The Substantial Completion of the Subcontract Work (defined in the General Conditions of Subcontract) shall be achieved as required by job progress, so as to allow the entire Project to be substantially completed on or before 08/30/2024. Subcontractor shall conform to all progress and schedule requirements of the Subcontract Documents and as directed by Contractor's project manager or superintendent, and must achieve the milestones (if any) as described in the attached RIDER A.
7. Subcontract Sum. Contractor shall pay Subcontractor the sum of \$44,700.00 ("Subcontract Sum"). The Subcontract Sum includes freight and delivery charges and all applicable state and local taxes including sales and use tax, and if required by law, these taxes must be separately stated on any payment applications, invoices or similar documents delivered by Subcontractor to Contractor for completion of the Subcontract Work in accordance with the terms and conditions of the Subcontract Documents.
8. Independent Examination. By executing the Subcontract, Subcontractor represents that it has: (a) carefully read and understands the Subcontract Documents; (b) investigated the nature, locality and site of the Subcontract Work; (c) visited the Project Site, familiarizing itself with the local conditions and difficulties under which the Subcontract Work is to be performed; (d) investigated the Laws; and (e) correlated its observations with the requirements of the Subcontract Documents. Subcontractor acknowledges that it enters into this Subcontract on the basis of its own examination, investigation and evaluation of all such matters and not in reliance upon any opinions or representations of Contractor or Owner, or any of their respective officers, agents or employees. Subcontractor will immediately report to Contractor any error, inconsistency or omission Subcontractor discovers in the Subcontract Documents. Contractor will not be liable to Subcontractor for any damages to Subcontractor due to errors, inconsistencies or omissions that a careful review of the Subcontract Documents would have disclosed.
9. Interpretation of Subcontract Documents.
 - 9.1 Contractor will be the interpreter of the Subcontract Documents and upon the request of Subcontractor will issue written interpretations necessary for the proper execution of the Subcontract Work in the form of drawings or otherwise, with reasonable promptness. All interpretations of Contractor will be consistent with the intent of and reasonably inferable from the Subcontract Documents and will be in writing or in the form of drawings. All requests for interpretations will be directed to Contractor's project manager. Contractor's decisions in matters relating to artistic effect will be final if consistent with the intent of the Subcontract Documents. Contractor will not be liable to Subcontractor for the result of any interpretation or decision rendered in good faith in such capacity. The organization of the Project Specifications into divisions, sections and articles, and the arrangements of Project Drawings will not control Contractor in dividing the Subcontract Work among Subcontractors or in establishing the extent of Subcontract Work to be performed by any trade.
 - 9.2 The intent of the Subcontract Documents is to include all items necessary for the proper execution and completion of the Subcontract Work. The Subcontract Documents are complementary, and what is required by any one will be as binding as if required by all unless expressly stated otherwise. In case of any conflict, Subcontractor will comply with the highest or most stringent standard. In the event of a conflict between Project Drawings and Project Specifications affecting quantity or quality requirements, the greater amount will be required in questions of quantity and the higher quality will be required in questions of quality. Words and abbreviations in the Subcontract

Documents which have well-known technical or trade meanings are used in accordance with such recognized meanings. References to published or association standards will mean the latest edition of such standards at the time of execution of the Subcontract, unless specifically referred to by edition date or revision number.

9.3 To the greatest extent possible, the Subcontract Documents will be construed consistently, so as to complement each other. Any inconsistencies in the provisions of the Subcontract Documents will be resolved, except as otherwise provided therein, by giving priority to the Subcontract Documents in the following order:

- (a) The Subcontract with modifications and Change Orders thereto of later date having priority over those with earlier dates;
- (b) The General Conditions of Subcontract;
- (c) The Project Specifications and Project Drawings; and
- (d) Instructions to Bidders.

10. Administration of the Subcontract.

10.1 General Obligations of Contractor. Contractor will: (a) provide the general administration of the Project as herein described; (b) control the Schedule; and (c) determine the dates of Substantial Completion of the Subcontract Work, Final Completion of the Subcontract Work and Substantial Completion of the Project.

10.2 General Obligations of Subcontractor. Subcontractor will: (a) obtain and deliver to Contractor written warranties and related documents required by the Subcontract Documents; and (b) forward all communications to Contractor through Contractor's project manager.

11. Integration. The Subcontract Documents constitute the final and complete understanding of Contractor and Subcontractor with respect to the Subcontract Work. The Subcontract Documents supersede all prior or contemporaneous communications, whether oral or written, concerning the Subcontract Work. The Subcontract Documents will take precedence over any conflicting terms, conditions or provisions contained in any invoice, or other communication between the parties except for a Change Order as provided in Section 7 of the General Conditions of Subcontract.

12. Project Drawings and Project Specifications. Unless otherwise provided in the Subcontract Documents, Subcontractor will be furnished free of charge an electronic copy of applicable Project Drawings and Project Specifications reasonably necessary for execution of the Subcontract Work.

13. Performance is Acceptance. If Subcontractor commences performance of all or any portion of the Subcontract Work before Subcontractor executes and delivers the Subcontract to Contractor, Subcontractor will be deemed to have agreed to and accepted all terms of the Subcontract Documents.

14. Authority. The signatories of Contractor and Subcontractor have the power and authority to execute the Subcontract and to bind Contractor and Subcontractor, as applicable, to this Subcontract.

15. Addresses. Any written notices required under the Subcontract shall be sent to the following addresses:

Contractor: Opus Design Build, L.L.C.		Subcontractor: Midwest Dock Solutions, Inc.
Address: 9700 West Higgins Road, Suite 900 Rosemont Illinois 60018	With a copy to: Legal Department 10350 Bren Road West Minnetonka, MN 55343	Address: 27 e. 36th place
Attn: Ryan Mahoney		Attn: Tony Zarlengo
Phone: 847-318-1665		Phone: 17083670801
E-mail: ryan.mahoney@opus-group.com		Email: tony@midwestdocksolutions.com

16. Riders. The following Riders are attached to and made a part of this Subcontract:

- RIDER A (Scope of Work)
- RIDER B (State Specific)
- RIDER C (Insurance)

DS
RM

Reviewed by Contractor's project manager

[Signature page to follow]

Contractor and Subcontractor sign as follows:

CONTRACTOR:

Opus Design Build, L.L.C.,
a Delaware limited liability company

By:  _____
DocuSigned by:
3B02B7BE49D1433...

Name: James R. Caesar _____

Its: Regional Vice President _____

SUBCONTRACTOR:

Midwest Dock Solutions, Inc.

a Midwest Dock Solutions. Inc

By:  _____
DocuSigned by:
AC32B5A9571849D...

Name: tony zarlengo _____

Its: Owner _____

RIDER A
(Scope of Subcontract Work)

This RIDER A is attached to and made a part of the Subcontract between Contractor and Subcontractor. All capitalized terms used but not defined in this RIDER A have the meaning ascribed to them in the Subcontract.

A. Subcontract Documents. The following documents, as amended from time to time, (collectively, the “Subcontract Documents”) represent the entire agreement between Contractor and Subcontractor and supersede all prior negotiations, representations or agreements, either written or oral:

Description

Subcontract dated 03/26/2024

General Conditions of Subcontract January 2024

Safety Manual April 2023

Architectural Permit Resubmission Set by OAE dated 02/06/2024

Structural Permit Resubmission Set by OAE dated 02/06/2024

Electrical Permit Set by O’Carroll Electric dated 12/27/2023

Plumbing Permit Resubmission Set by MVP Plumbing dated 01/31/2024

Mechanical Permit Set by O’Hare Mechanical dated 02/26/2024

Fire Protection Permit Set by Valley Fire Protection dated 03/07/2024

Fire Alarm Permit Set by ADS dated 01/29/2024

Landscaping Permit Set by Ives/Ryan Group dated 03/11/2024

Outline Specification by Opus Design Build dated 11/29/2023

Civil Permit Drawings by Jacob & Hefner dated 02/09/2024

Euclid Building Layout Expansion Drawing by Cirrus Tech dated 04/07/2023

Construction Schedule by ODB dated 01/29/2024

Existing Building Drawings:

Land Title Survey by Jacob & Hefner Dated 04/03/2020

Existing Building Architectural Drawings by GMA dated 08/07/2000

Existing Building Civil Drawings by Compass dated 08/10/2000

Existing Building Electrical Drawings by Geco dated 08/14/2000

Existing Building Fire Protection Drawings by Midwest Fire Suppression dated 07/10/2000

Existing Building Mechanical Drawings by Icon dated 12/27/2000

Existing Building Plumbing Drawings dated 12/15/2000

Existing Building Structural Drawings by David L Jacobson & Associates dated 09/08/2000

Soil Borings Logs by TSC dated 02/21/2024

Site Logistics Plan by ODB dated 11/27/2023

Division 11 Equipment Specifications by ODB dated 01/2024

Subcontractor acknowledges that Contractor has made available to Subcontractor all of the Subcontract Documents and Subcontractor has received access to and obtained all Subcontract Documents. Subcontractor represents that it has carefully examined the Subcontract Documents pertinent to its Subcontract Work.

B. Subcontract Work. Subcontractor shall furnish all necessary labor, materials, equipment, skills, services (including design and engineering services, if applicable), supervision, and all appurtenances necessary to complete all dock equipment work (“**Subcontract Work**”) for the Project, including but not limited to, strict compliance with the Subcontract Documents.

The Subcontract Work specifically includes but is not limited to the following items:

1. Includes all sales tax, freight, labor, equipment, materials, tools and testing to complete the Dock Equipment scopes of work in accordance with the Subcontract Documents, all federal, state, county, and municipal codes.
2. Subcontractor shall cooperate with and assist the testing and inspection agencies in the performance of their work.
3. All corresponding tax, delivery, and off-loading is included.
4. Proper onsite storage to meet all EPA and OSHA guidelines for all fuels, oils, etc. as needed for normal operations and maintenance of cranes and erection equipment is included.
5. Furnish and install 35,000 pound capacity, 7’ x 8’ mechanical type levelers with a pair of 20”H x 14”W x 4”D bumpers at truck dock locations noted on the Subcontract Documents. Levelers will have working range toe guards, tapered 16” lips and brush type weather stripping.
6. Levelers are to be primed and painted in accordance with the Subcontract Documents.
7. Dock bumpers to be mounted at the proper height to accommodate the pavement at truck court being sloped per Subcontract Documents.
8. Furnish and deliver six-piece, prime painted dock pit angle sets for all dock leveler positions. Angles to have pre-drilled holes for installation and shipped loose. Angles to be set by others. Subcontractor includes shipping pit steel to the site separately from the dock levelers in order to be available on site at the time of SOG install, or at a time when coordinated with Contractor’s Superintendent onsite.
9. Subcontractor to provide one retractable arm LED dock light at every other door where there are two docks adjacent to each other and one retractable arm LED dock light at dock doors that do not have an adjacent dock per the Subcontract Documents.
10. Subcontractor includes dock equipment installation off of finished slab. In the event that Subcontractor performs installation off stone subgrade, Contractor will provide finish floor elevation.
11. Furnish and install compressible, foam-type dock seals with 40oz base material and 40 oz. vinyl wear pleats at the 9’x10’ exterior overhead doors at all dock locations per Subcontract Documents. Seals to have adjustable heads and 24” guidelines on the driver side of the seal.
12. Subcontractor to remove existing dock levelers and dock bumpers per the Subcontract Documents. Subcontractor to haul off demolished material at no additional costs.
13. Provide all necessary protection of in-place materials during installation. Subcontractor shall be responsible for the protection of adjacent finished surfaces. Subcontractor is responsible for the repair of any damage caused in the field by this Subcontractor during installation.

14. Subcontractor shall be responsible for coordination and mobilization of all equipment required for the project scope. Subcontractor includes (1) mobilization for dock equipment and (1) mobilization for demolition work. Contractor shall not be responsible for any re-mobilization costs for equipment demobilized during the course of construction. Contractor shall not be charged with multiple mobilizations, unless otherwise agreed to in writing by the Contractor's Project Manager.
15. Subcontractor will test equipment for proper operation prior to demobilization from site.

C. Supplemental Schedule Information. Time is of the essence in performing under the Subcontract Documents. Subcontractor will perform the Subcontract Work expeditiously consistent with skill and care required in Subcontract Documents and the orderly progress of the Project, and Subcontractor will complete the Subcontract Work within the specified time limits and Schedule. The following supplemental Schedule information is applicable to the Subcontract Work:

Lead Times

- Turnaround time for Submittals from executed Subcontract: (1) day
- Dock Levelers from approved Submittals: (5) weeks
- Dock Pit Steel from approved Submittals: (2) weeks
- Dock Seals from approved Submittals: (5) weeks
- Dock Lights from approved Submittals: (2) weeks

Durations

- Removal of existing Dock Levelers and Dock Bumpers: (1) work day
- Dock Equipment Install: (2) work days

D. Subcontract Sum Breakdown. The breakdown of the Subcontract Sum is as follows:

Description	Amount
Dock Pit Steel	\$1,500.00
Removal of Existing Dock Levelers and Dock Bumpers	\$500.00
Dock Bumpers	\$500.00
Dock Levelers	\$35,000.00
Dock Seals	\$6,000.00
Dock Lights	\$1,200.00
Total Subcontract Sum	\$44,700.00

E. Unit Pricing and Alternates. If requested by Contractor, Subcontractor will provide additional units of work or alternate units of work, as directed, at the unit prices and alternate prices set forth below. Unit prices will apply to all building construction and will include, without limitation, all material, labor, equipment, compensation, general conditions, benefits, overhead, clean-up, supervision, profit, parking, shop drawings, small tools and all sales, use and other applicable taxes. Unit prices and alternate prices include design and engineering, if applicable. Unit prices will also apply to net quantity changes in the Subcontract Work made pursuant to the Subcontract Documents.

The following unit prices and alternate prices shall be in effect for the duration of the Project:

- Journeymen Standard Time: \$160/HR
- Journeyman Overtime: \$240/HR
- Dock Equipment Install off of stone: ADD \$750/LS

END RIDER A

RIDER B
(Illinois)

This RIDER B is attached to and made a part of the Subcontract between Contractor and Subcontractor. All capitalized terms used but not defined in this RIDER B have the meaning ascribed to them in the Subcontract or the General Conditions of Subcontract, as applicable. To the extent of any conflict between the provisions of this RIDER B and the provisions of any other Subcontract Document, this RIDER B controls.

1. **Retainage.** Retainage will be withheld at ten percent (10%) until the Subcontract Work is fifty percent (50%) complete, and thereafter retainage will be withheld at no more than five percent (5%) until Substantial Completion in accordance with Section 6.4 of the General Conditions of Subcontract and 815 ILCS 603/20.
2. **Indemnification.** Pursuant to Section 12.2 of the General Conditions of Subcontract and in accordance with the Illinois Construction Contract Indemnification for Negligence Act, 740 ILCS 35/1, et seq., Subcontractor's Indemnity Obligations are as follows:
 - a. To the fullest extent permitted by Law, Subcontractor shall indemnify, defend (with attorneys acceptable to Contractor) and hold harmless Contractor, Owner and Architect/Engineer, and their respective parents, affiliates, officers, directors, agents, and employees, and any other party required by Contractor (collectively, "**Indemnitees**"), from and against all claims, damages, losses and expenses, including attorneys' fees, expert fees, and other legal expenses and disbursements paid or incurred by an Indemnatee to defend any such claims or to enforce provisions of this paragraph (collectively, "**Claims**"), arising out of or resulting from (i) the performance or non-performance of the Subcontract, and/or (ii) any Claim that is or is alleged to be directly or indirectly caused in whole or part by any act, omission, default, negligence (whether active or passive), or willful misconduct of Subcontractor, its Sub-subcontractors, or anyone directly or indirectly employed by them, or anyone for whose acts any of them may be liable (collectively, the "**Subcontractor Parties**"). The foregoing indemnification obligation is not limited by any limitation on the amount or type of damages, compensation or benefits payable by or for the Subcontractor Parties under (A) worker's compensation acts, (B) disability benefit acts, (C) other employees benefit acts, or (D) insurance or bonds required to be carried by Subcontractor under the Subcontract Documents, and Subcontractor expressly waives the benefits of any liability cap recognized by the Laws of the State of Illinois. The Subcontractor agrees to obtain, maintain, and pay for such general liability coverage and endorsements (including product and completed operations coverage) as will insure the provisions of this Rider. Subcontractor's failure to procure specific contractual liability and other types of insurance for the benefit of Contractor, Owner, and any other Indemnatee as required under the Subcontract Documents, will not render the foregoing indemnification provisions unenforceable under any applicable Law.
 - b. Notwithstanding anything to the contrary in Section 2.a above or elsewhere in the Subcontract Documents, and in accordance with 740 ILCS 35/1, Subcontractor has no obligation to indemnify or hold harmless an Indemnatee for the Indemnatee's own negligence.
 - c. It is the intent of Contractor and Subcontractor to not violate applicable Law, and it is agreed with respect to any legal limitations now or hereafter in effect and affecting the validity or enforceability of Subcontractor's Indemnity Obligations under the Subcontract Documents, such legal limitations are made a part of Subcontractor's Indemnity Obligations and shall operate to amend Subcontractor's Indemnity Obligations to the minimum extent necessary to bring the provisions of the Subcontract Documents into conformity with the requirements of such limitations, and as so modified, the Subcontractor's Indemnity Obligations shall continue in full force and effect.

END RIDER B

RIDER C
(Insurance)

This RIDER C is attached to and made a part of the Subcontract between Contractor and Subcontractor. Capitalized terms used but not defined in this RIDER C have the meaning given to them in the Subcontract or General Conditions of Subcontract, as applicable.

1. SUBCONTRACTOR'S INSURANCE COVERAGE REQUIREMENTS

- a. MAINTENANCE OF INSURANCE COVERAGES. Prior to commencing the Subcontract Work, Subcontractor shall purchase all insurance coverages required by the Subcontract Documents ("Applicable Insurance"). At its sole cost and expense (which may be included in the Subcontract Sum), Subcontractor shall maintain all Applicable Insurance for not less than the period of the applicable statute of repose for the Subcontract Work, including but not limited to warranty work.
- b. SUB-SUBCONTRACTOR INSURANCE REQUIREMENTS. If Subcontractor uses any Sub-subcontractors to perform any portion of the Subcontract Work specified in the Subcontract Documents, Subcontractor shall cause its Sub-subcontractors of all tiers to procure and maintain the Applicable Insurance and comply with the requirements of this Rider C, including without limitation all additional insured and waiver of subrogation requirements. Subcontractor shall be fully responsible to Contractor for any failure of Subcontractor or Sub-subcontractors to procure and maintain the Applicable Insurance in accordance with the requirements of the Subcontract Documents. If any Sub-subcontractor performs any professional design, certified engineering, architecture, surveying, or testing services, including without limitation structural steel testing work, both Subcontractor and such Sub-subcontractor are required to maintain professional liability insurance with the minimum limits of liability identified below.
- c. EVIDENCE OF INSURANCE COVERAGE. Fully compliant and complete certificates of insurance (clearly indicating all required additional insured, primary and non-contributory, notice of cancellation and non-renewal, and waiver of subrogation endorsements) for the Applicable Insurance must be uploaded to Contractor's third-party insurance compliance vendor software platform prior to (i) Subcontractor starting the Subcontract Work on the Project Site; and (ii) the expiration date of any of the Applicable Insurance policies (on an annual basis) for at least three (3) years following Substantial Completion of the Project. Upon request, Subcontractor shall provide Contractor a copy of any Applicable Insurance policy. Whether or not Contractor is in receipt of compliant Certificates of Insurance shall not relieve Subcontractor from, nor be deemed a waiver of, Contractor's right to enforce the terms of Subcontractor's obligations to provide and maintain all Applicable Insurance hereunder.
- d. DEDUCTIBLE LIMITS. Subcontractor shall ensure that the deductibles of all Applicable Insurance are commercially reasonable and in no event shall such deductibles exceed: (1) \$50,000 for Automobile Liability or Commercial General Liability, (2) \$100,000 for Professional Liability/Errors & Omissions, and (3) \$100,000 for Contractor's Pollution Liability. Subcontractor is solely responsible for all deductibles, self-insured retentions and payments of premiums associated with all Applicable Insurance policies.
- e. ADDITIONAL INSURANCE COVERAGES. Contractor reserves the right to require Subcontractor to provide and maintain additional coverages and/or to modify the coverage requirements contained herein, including limits, based upon Contractor's prior experience and its continual assessment of the risk associated with the Subcontract Work and the circumstances under which the Subcontract Work is being performed.
- f. FAILURE OF SUBCONTRACTOR TO COMPLY. In the event Subcontractor fails: (i) to procure or maintain the Applicable Insurance or provide evidence of the Applicable Insurance, as required herein; or (ii) to cause its Sub-subcontractors of all tiers to maintain the Applicable Insurance, Contractor may: (1) exclude Subcontractor from the Project Site; and/or (2) withhold any and all payments to Subcontractor; and/or (3) declare Subcontractor in default of the Subcontract and exercise all remedies available to Contractor under the Subcontract Documents.
- g. DISCLAIMER. Neither Contractor nor Owner represents that the Applicable Insurance requirements are adequate to protect the interests of Subcontractor. It is Subcontractor's obligation to determine the types or amounts of insurance that may be needed beyond the insurance required hereunder, especially as to Subcontractor's Personal Property (defined in Section 5 below). The Applicable Insurance coverages and limits do not limit or modify Subcontractor's responsibilities and liabilities under the Subcontract Documents or under all Laws.

STANDARD INSURANCE COVERAGES

<u>INSURANCE COVERAGE</u>	<u>REQUIRED:</u>	<u>MINIMUM LIMITS</u>	<u>SPECIFIC REQUIREMENTS</u>
Commercial Automobile Liability	OF ALL	\$1,000,000 any one accident or loss	include coverage for all owned, hired and non-owned automobiles; be written on the current ISO CA 00 01 form or its equivalent If Subcontract Work includes hauling hazardous materials, policy shall include Pollution Liability – Broadened Coverage for Covered Autos endorsement ISO CA 99 48 or its equivalent;
Workers’ Compensation	OF ALL	Statutory Limits & Coverages	Must be in compliance with all Laws in state where project located and shall include officers
Employer’s Liability	OF ALL	\$1,000,000 each accident \$1,000,000 disease-policy limit \$1,000,000 disease- each employee	include “Stop Gap” coverage If applicable, evidence of Employer’s Liability coverage shall be required for U.S. Longshore and Harborworkers’ Compensation, Maritime coverage, Federal Employer’s Liability Act, and other unique exposures requiring endorsement of coverage
Commercial General Liability- TIER 1	OF ALL* *UNLESS SUBCONTRACT WORK QUALIFIES FOR CGL- TIER 2	\$2,000,000 each occurrence \$3,000,000 products/completed operations aggregate \$2,000,000 personal and advertising injury \$3,000,000 minimum general aggregate per project	**SEE Section 2.c. BELOW**
Commercial General Liability- TIER 2	CGL TIER 2 Work includes: <ul style="list-style-type: none"> Grading, excavating and exterior utilities Structural concrete, masonry, wood framing and steel erection, Roofing Curtain wall/glazing Elevator/elevator system installation HVAC, plumbing, fire protection/interior sprinkler and electrical work, excluding low-voltage installation 	\$5,000,000 each occurrence \$5,000,000 products/completed operations aggregate \$5,000,000 personal and advertising injury \$5,000,000 minimum general aggregate per project	**SEE Section 2.c. BELOW**

STANDARD INSURANCE COVERAGES

The scope of the Subcontract Work may require Subcontractor and its Sub-subcontractors performing the Subcontract Work to be subject to additional insurance requirements. It is the responsibility of Subcontractor to understand the Applicable Insurance required by the Subcontract Work. If the scope of the Subcontract Work includes any of the categories of work identified below, Subcontractor shall procure and maintain the applicable corresponding insurance coverages identified below and such insurance shall be deemed to be part of the Applicable Insurance requirements of this Rider C.

<u>ADDITIONAL INSURANCE COVERAGE</u>	<u>REQUIRED:</u>	<u>MINIMUM LIMITS</u>
Pollution Liability -TIER 1	P/L TIER 1 required if the Subcontract Work includes: <ul style="list-style-type: none"> • Demolition (excluding abatement) • Sand Blasting • Fuel providers • Concrete and Masonry • Building envelope trades (insulation, siding, windows, caulking, air barrier, waterproofing, overhead doors) • Drywall • Tile materials and install • Electrical • Asphalt, including hot tar work 	\$1,000,000 any one accident or loss
Pollution Liability- TIER 2	P/L TIER 2 required if the Subcontract Work includes: <ul style="list-style-type: none"> • Roofing • Swimming pool and spa systems • HVAC, plumbing, fire protection/interior sprinkler work 	\$3,000,000 any one accident or loss
Pollution Liability- TIER 3	P/L TIER 3 required if the Subcontract Work includes: <ul style="list-style-type: none"> • Asbestos, lead, or mold abatement • Excavation or exterior wet utilities work • Handling, transporting or disposal of regulated or hazardous substances 	\$5,000,000 any accident or loss
Professional Liability (Errors & Omissions)	If Subcontract Work includes any professional design, certified engineering, architecture, surveying, or testing services, including structural steel testing	\$2,000,000 each claim \$2,000,000 annual aggregate
Aviation Liability	If Subcontract Work involves the operation, maintenance, or use of any <u>un</u> manned drone/ aircraft If any manned aircraft is utilized, then additional (per seat) passenger liability limits will be required	\$1,000,000 each occurrence \$1,000,000 general aggregate
Railroad Protective Liability Insurance	If any Subcontract Work is to be performed within 50 feet of any railroad property	Limits as required by railroad and must include ISO endorsement CG 24 17 or equivalent

2. **SPECIFIC POLICY/COVERAGE REQUIREMENTS:**

- a. **General Policy Requirements.** All Applicable Insurance policies shall be: (i) occurrence-based policies; and (ii) with insurance carriers licensed to do business in the states in which the Subcontract Work is to be performed and having a current A.M. Best rating of not less than A minus (A-) VII. Subcontractor shall provide or shall cause its insurance carriers to provide at least thirty (30) days' prior written notice (and at least ten (10) days' prior written notice for cancellation due to non-payment), to Contractor of any cancellation, non-renewal, and/or any restrictive modifications that may result in reduction or removal of required coverage or limits on each Applicable Insurance policy. Subcontractor shall immediately provide notice to Contractor when the available limits of Applicable Insurance policy fall below the limits specified herein.
- b. **Use of Excess or Umbrella Liability Policy.** As required hereunder, Employer's Liability, Commercial General Liability, and Automobile Liability insurance may be arranged under separate policies for the full minimum limits required, or by a combination of underlying policies with the balance provided by an Excess or Umbrella Liability policy.
- c. **Commercial General Liability Insurance; Excess/Umbrella Liability Policy.** Regardless of applicable tier, all Commercial General Liability Insurance must: (i) be issued on ISO Form CG 00 01, or an equivalent form providing coverage at least as broad and approved by Contractor, in its sole discretion; (ii) shall include no limitations or exclusions of coverage beyond those contained in the standard coverage form; (iii)

shall include coverage for products/completed operations; (iv) shall not have an exclusion for residential work if Subcontractor is performing Subcontract Work on any multifamily or mixed use projects; (v) not contain an exclusion for subsidence or earth movement; (vi) specifically cover as “insured contracts” the Subcontractor’s indemnity obligations as set forth in this Subcontract and other contractual indemnities assumed by the Subcontractor under the Subcontract Documents; (vi) delete or amend any “insured vs. insured” exclusion to provide that the exclusion shall not apply to Contractor’s, Owner’s and any other required parties’ status as “additional insureds”; and (vii) shall include severability of interests/separation of insureds provisions and shall not contain any cross-suit liability exclusions.

Subcontractor’s Commercial General Liability and Umbrella/Excess insurance policies shall be endorsed to be primary insurance and not excess over, or contributing with, any insurance purchased or maintained by Contractor or Owner.

- d. Pollution Liability Insurance. If required, and regardless of tier, Pollution Liability insurance coverage will be primary insurance and not excess over, or contributing with, any insurance purchased or maintained by Contractor or Owner, and shall include, but not be limited to: (i) coverage for sudden and non-sudden pollution conditions resulting from the escape or release of smoke, vapors, fumes, acids, alkalis, toxic chemicals, liquids, or gases, waste materials, or other irritants, contaminants, or pollutants; (ii) include transportation coverage for loading, unloading, and transporting of regulated or hazardous substances from the Project Site to the final disposal location, with an endorsement scheduling the non-owned disposal facility if disposal of regulated or hazardous substances is included in the Subcontract Work; (iii) specifically include mold/fungi and legionella coverage for all Subcontract Work performed; (iv) specifically include listed coverage for all Subcontract Work associated with asbestos, lead-based paint, and mold abatement; (v) cover bodily injury, property damage (including without limitation natural resource damages) and loss of use of damaged property or of property that has not been physically injured or destroyed, as well as clean-up costs (including restoration costs) arising out of or related to pollution conditions as a result of the Subcontract Work performed by or on behalf of the Subcontractor, including without limitation the exacerbation of pre-existing pollution conditions; (vi) deletes or amends any “insured vs. insured” exclusion to provide that the exclusion shall not apply to Contractor’s, Owner’s and any other required parties’ status as “additional insureds.”
 - e. Professional Liability Insurance. If required, Professional Liability insurance coverage must: (i) include an extended reporting period for a minimum period of the applicable statute of repose; (ii) any retroactive date on such Professional Liability policy shall be prior to the commencement of any Subcontract Work under this Subcontract; and (iii) shall not contain any exclusions applicable to the products/materials being supplied by the Subcontractor or any products-related exclusion(s) shall be amended such that the exclusionary language does not apply to professional services (including but not limited to design and engineering services) provided by or on behalf of the Subcontractor associated with the products/materials being supplied by the Subcontractor.
 - f. Aviation Liability Insurance. If required, Aviation Liability insurance coverage must include coverage for owned and non-owned aircraft coverage used in the performance of the Subcontract Work for loss or damage arising out of or related to the use of any aircraft, including both bodily injury and property damage.
3. ADDITIONAL INSUREDS. The Contractor, Owner, and Lender (if applicable), and all others as specifically required by the Subcontract Documents shall be included as “additional insureds” by endorsement to all Applicable Insurance (excluding Professional Liability Insurance) on ISO Forms CG 20 10 04 13 and CG 20 37 04 13, or their equivalent, including coverage for ongoing and completed operations. The additional insured endorsement form numbers must be listed on the insurance certificate or the endorsement(s) must be attached to the certificate of insurance.
 4. WAIVER OF SUBROGATION. To the extent permitted by Laws, Subcontractor specifically waives all claims against Contractor, Owner, and all others as required in the Subcontract Documents as additional insureds for recovery of damages to the extent these damages are covered or coverable by the Applicable Insurance. In addition, to the extent permitted by law, Subcontractor shall cause the insurers issuing all of the Applicable Insurance policies to be endorsed to waive the rights of recovery and/or subrogation.
 5. PERSONAL PROPERTY; RELEASE. Subcontractor hereby releases Contractor and Owner from all claims for loss or damage to or loss of use of Subcontractor’s Personal Property (defined below) in or about the Project Site. Subcontractor shall purchase such insurance in respect to Subcontractor’s Personal Property as Subcontractor deems appropriate and Subcontractor’s insurance shall waive subrogation against Contractor and Owner. Subcontractor shall require a similar release by Sub-subcontractors. In addition, if Contractor permits Subcontractor to use Contractor’s Personal Property (defined below), Subcontractor’s use of Contractor’s Personal Property will be at its sole risk and Subcontractor will indemnify, defend, and hold harmless Contractor and all of Contractor’s affiliated entities, subsidiaries, members, officers, and employees against any and all claims, damages, losses, costs, and expenses including but not limited to claims for loss or damage to or loss of use of Contractor’s Personal Property, attorneys’ fees, expert expenses, and court costs arising out of Subcontractor’s use of Contractor’s Personal Property. For purposes herein, “**Subcontractor’s Personal Property**” means and includes tools, equipment, or other personal property that is owned, leased, or otherwise in Subcontractor’s possession (excluding Contractor’s Personal Property); and “**Contractor’s Personal Property**” means and includes tools, equipment, or other personal property that is owned, leased, or otherwise in Contractor’s possession (excluding Subcontractor’s Personal Property).
 6. CONTRACTOR’S BUILDER’S RISK INSURANCE.
 - a. Builder’s Risk Insurance Coverage. Unless otherwise provided in the Subcontract Documents, Contractor will cause to be purchased and maintained, until Substantial Completion of the Project, builder’s risk insurance with a “all risk” or equivalent policy form covering work to be performed by Contractor at the Project Site (including those working for or under Contractor) and covered property (i.e., materials are incorporated into the Work at the Project Site) to the full insurable value thereof, on a replacement cost basis and subject to reasonable deductibles. Covered “causes of loss” means risks of direct physical loss or damage to covered property unless specifically excluded or limited under the policy. This insurance will include the interests of Owner, Contractor, Subcontractor, and Sub-subcontractors as additional insureds in respect to the work to be performed by Contractor at the Project, and shall insure against perils of fire (with extended coverage), theft, vandalism, malicious mischief, collapse, temporary falsework, shoring and forms and debris removal, and such other matters as are insured against in the form of the policy maintained by Contractor including, as Contractor deems appropriate, earthquake, flood, or coastal

windstorm. Unless specifically provided in writing, such insurance will not include coverage for any property, structure(s) and contents (whether real or personal) owned by the Owner or third parties, including but not limited to Subcontractor's Personal Property or any materials that are intended for use or incorporation into the Project.

- b. Builder's Risk Insurance - Waiver of Subrogation. To the extent of coverage afforded by builder's risk applicable to the Subcontract Work or the Project (excluding deductible and self-insured retention amounts), regardless of whether such insurance is owned by Contractor or Owner, Contractor and Subcontractor agree to waive all rights against (a) each other and any of their subcontractors, sub-subcontractors, agents, and employees, each of the other, and (b) the Owner and any of its contractors, subcontractors, agents, and employees, whether under subrogation or otherwise, for loss or damage to the extent covered by such insurance, except such rights as they may have to the proceeds of such insurance. If the insurance coverage referred to in this paragraph requires an endorsement to provide for continued coverage where there is a waiver of subrogation, then the owners of such policy will cause the policy to be so endorsed. A waiver of subrogation shall be effective as to a party even though that party would otherwise have a duty of indemnification, contractual or otherwise, did not pay the insurance premium directly or indirectly, and whether or not the party had an insurable interest in the property damaged.
7. APPORTIONMENT OF DEDUCTIBLE DUE FROM SUBCONTRACTOR; RIGHT OF OFFSET. If (i) the Project suffers a loss, (ii) the loss is due in whole or in part to the negligence of Subcontractor, and (iii) the loss is an insurable loss under builder's risk or other property insurance applicable to the Project, then Subcontractor will be liable to Contractor for either (x) the deductible amount if a claim is submitted to the insurance carrier for the loss; or (y) the actual amount of the loss if (1) the policy holder determines in its sole discretion not to submit a claim to the insurance carrier for the loss, or (2) the actual amount of the loss is less than the deductible amount. Contractor may, in its discretion, apportion the deductible amount among other parties responsible for the loss. Subcontractor will promptly pay Contractor, upon demand, for any such amounts, and Contractor may offset the amounts against any sums due Subcontractor under the Subcontract.
8. LOSS PAYABLE. Any insured loss is to be adjusted by Owner and Contractor and made payable to Contractor, as trustee, or to Owner and Contractor, as joint trustees for the insureds, as their interests may appear, subject to the requirements of any applicable mortgage or loss payable clause.

END RIDER C

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 43

Intentionally Omitted

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 44



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/6/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C No, Ext): 630-355-2077 FAX (A/C No): 630-355-7996 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Dock & Door Install Inc 27 E. 36th Pl Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : Cincinnati Indemnity</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : Cincinnati Indemnity	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES

CERTIFICATE NUMBER: 1109936751

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0265614	7/22/2020	7/22/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			EBA 0265614	7/22/2020	7/22/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y		ENP 0265614	7/22/2020	7/22/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	EWC 0273223	7/22/2020	7/22/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

B: #17-807 PROLOGIS, 1555 MITTEL BLVD, WOOD DALE, IL.
 ADDITIONAL INSUREDS FOR GENERAL LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS AND UMBRELLA: KRUSINSKI CONSTRUCTION COMPANY (GC); PROLOGIS L.P. (OWNER); GMA ARCHITECTS (ARCHITECT). A WAIVER OF SUBROGATION APPLIES TO THE GENERAL LIABILITY IN FAVOR OF THE ADDITIONAL INSUREDS. ENDORSEMENT FORM(S) ATTACHED.



CERTIFICATE HOLDER

CANCELLATION

KRUSINSKI CONSTRUCTION COMPANY
 2107 SWIFT DRIVE
 OAK BROOK IL 60523

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 45



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 4350 Weaver Pkwy Warrenville IL 60555	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL: certs.apil@assuredpartners.com ADDRESS:
INSURER(S) AFFORDING COVERAGE	
INSURED Dock & Door Install Inc PO Box 363 Steger IL 60475	INSURER A: Cincinnati Insurance Company INSURER B: Berkley Casualty Company/Berkely Industrial Comp INSURER C: INSURER D: INSURER E: INSURER F:
NAIC #	
10677	
15911	

COVERAGES **CERTIFICATE NUMBER: 1258207584** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y Y	ENP 0265614	7/22/2024	7/22/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		EBA 0265614	7/22/2024	7/22/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ /A	Y Y	ENP 0265614	7/22/2024	7/22/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y N/A	BNET508640479	7/22/2024	7/22/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: 1303 Jack Court, Bartlett, IL 60103.

Primary/Non-Contributory Additional Insured(s) for General Liability and Umbrella Liability: Meridian Design Build, Inc. (Design-Builder); 26 Denali LLC (Owner) and CBRE (Consultant). Waiver of Subrogation on General Liability Umbrella Liability and Workers Compensation applies in favor of the Additional Insureds. Endorsement form(s) attached.



CERTIFICATE HOLDER

Meridian Design Build, Inc.
 9550 West Higgins Road, Suite 400
 Rosemont IL 60018

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

[Signature]

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1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 46

Intentionally Omitted

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 47



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/8/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 2075457186

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV		ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Project #20-225, Trammell Crow - DeKalb Pack Center, DeKalb IL - 1001 E. Gurler Rd., DeKalb, IL
 Krusinski Construction Company "General Contractor"; DeKalb Pack Center Associates, LLC "Owner"; Harris Architects, Inc. "Architect"; DeKalb 343 LLC;
 Trammell Crow Chicago Development Inc.; TC/JJK DeKalb Developer, LLC JJK 343 LLC; CIBC BANK USA Its Successors and /or Assigns; Jacob & Hefner Associates - Civil Engineer; Testing Service Corporation - Testing Agency; Sub-JV: TC/JJK DeKalb Developer, LLC; Master JV: DeKalb Pack Center Associates, LLC and Master JV: DeKalb Distribution Associates, LLC are named as Primary Non-Contributory Additional Insureds on General Liability, Auto Liability & Umbrella Liability. A Waiver of Subrogation applies to General Liability and Workers Compensation in favor of the additional insureds. Endorsement Form(s) Attached.

**PLAINTIFF'S
EXHIBIT**

280

CERTIFICATE HOLDER

Krusinski Construction Company
 2107 Swift Drive
 Oak Brook IL 60523

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Cincinnati Insurance Company	
INSURER B: The Cincinnati Indemnity Company	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 1019763151**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

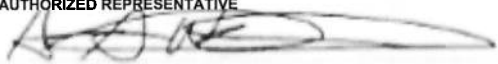
RE: #17-368, SCHOOL HEALTH CORPORATION FACILITY, 5600 APOLLO DRIVE, ROLLING MEADOWS, IL 60008.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED ON GENERAL LIABILITY AND ADDITIONAL INSURED ON UMBRELLA LIABILITY:
 KRUSINSKI CONSTRUCTION COMPANY "GENERAL CONTRACTOR"; CG LIMITED PARTNERSHIP "OWNER"; WARE MALCOMB ARCHITECTS "ARCHITECT"; TRAMMEL CROW COMPANY, LLC; TRAMMEL CROW CHICAGO DEVELOPMENT, INC.; SCHOOL HEALTH CORPORATION; CBRE, INC. AND JP MORGAN CHASE BANK, N.A., ATIMA, ISAOA. WAIVER OF SUBROGATION AS IT PERTAINS TO GENERAL LIABILITY AND WORKERS COMPENSATION IN FAVOR OF THE ADDITIONAL INSURED. TONY ZARLENGO (VP) AND MIKE RICHERT (PRES) ARE EXCLUDED FROM COVERAGE ON THE WORKERS COMPENSATION. EXCESS/UMBRELLA LIMIT EXTENDS OVER THE GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMP. IN THE EVENT OF CANCELLATION, 30 DAYS NOTICE WILL BE GIVEN TO HOLDER PER ATTACHED.
 ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

KRUSINSKI CONSTRUCTION COMPANY
 2107 SWIFT DRIVE
 OAK BROOK, IL 60523

AUTHORIZED REPRESENTATIVE



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL: coi@esserhayes.com ADDRESS:
INSURER(S) AFFORDING COVERAGE	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	MIDWE11 INSURER A: Cincinnati Insurance Company INSURER B: The Cincinnati Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 1057333374

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y N Y N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV		ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: #18-518 DCT-86 FOOD SERVICE, 1400 W 44TH STREET, CHICAGO, IL 60609.
 ADDITIONAL INSUREDS FOR GENERAL LIABILITY & AUTOMOBILE LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS AND UMBRELLA: KRUSINSKI CONSTRUCTION COMPANY (GC); DCT STOCKYARDS LLC, C/O PROLOGIS L.P (OWNER) AND ITS AFFILIATES, PARENTS AND SUBSIDIARIES, AND THEIR RESPECTIVE DIRECTORS, OFFICERS, MEMBERS, PARTNERS, SHAREHOLDERS, AGENTS, CONTRACTORS, REPRESENTATIVES, PROPERTY MANAGERS, LENDERS, ASSIGNEES, AFFILIATES AND EMPLOYEES (COLLECTIVELY, "OWNER PARTIES"); 86 FORD SERVICE (TENANT); CORNERSTONE ARCHITECTS (ARCHITECT). A WAIVER OF SUBROGATION APPLIES TO THE GENERAL LIABILITY, AUTOMOBILE LIABILITY, UMBRELLA AND WORKERS COMPENSATION IN FAVOR OF THE ADDITIONAL INSUREDS. IN THE EVENT OF CANCELLATION, 30 DAYS NOTICE WILL BE GIVEN TO HOLDER. ENDORSEMENT FORMS ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

KRUSINSKI CONSTRUCTION COMPANY
 2107 SWIFT DRIVE
 OAK BROOK IL 60523

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Cincinnati Insurance Company	
INSURER B: The Cincinnati Indemnity Company	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1145356581 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSP	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: #18-302 IAC-GES 6800 SANTE FE DRIVE, HODGKINS, IL.
 ADDITIONAL INSUREDS FOR GENERAL LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS AND UMBRELLA: KRUSINSKI CONSTRUCTION COMPANY (GC); 6800 SANTE FE LLC (OWNER); WARE MALCOMB; IAC DEVELOPERS, L.L.C., A DELAWARE LIMITED LIABILITY COMPANY; WELLS FARGO BANK, NATIONAL ASSOCIATION; BELL ATLANTIC MASTER TRUST; INTERNATIONAL AIRPORT CENTERS L.L.C.; THE RESPECTIVE SUCCESSORS, ASSIGNS, SUBSIDIARIES, AFFILIATES, MEMBERS, MANAGERS, OFFICERS, DIRECTORS, SHAREHOLDERS, TRUSTEES, BENEFICIARIES, AGENTS, REPRESENTATIVES, PARTNERS, EMPLOYEES AND CONTRACTORS OF THE FOREGOING. A WAIVER OF SUBROGATION APPLIES TO THE GENERAL LIABILITY AND WORKERS COMPENSATION IN FAVOR OF THE ADDITIONAL INSUREDS. ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

KRUSINSKI CONSTRUCTION COMPANY
 2107 SWIFT DRIVE
 OAK BROOK IL 60523

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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3/16/2020

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	INSURER A: Cincinnati Insurance Company INSURER B: The Cincinnati Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 1245207541

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: #16-596 DCT STOCKYARDS DISTRIBUTION CENTER, 1400 W 44TH ST, CHICAGO, IL 60609. . ADDITIONAL INSURED(S) FOR GENERAL LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS, AUTO LIABILITY AND UMBRELLA: KRUSINSKI CONSTRUCTION COMPANY (GC); DCT STOCKYARDS, LLC AND ITS AFFILIATES, PARENTS AND SUBSIDIARIES, AND THEIR RESPECTIVE DIRECTORS, OFFICERS, MEMBERS, PARTNERS, SHAREHOLDERS, AGENTS, CONTRACTORS, REPRESENTATIVES, PROPERTY MANAGERS, LENDERS, ASSIGNEES, AFFILIATES AND EMPLOYEES (COLLECTIVELY "OWNER PARTIES"). A WAIVER OF SUBROGATION APPLIES TO THE GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA AND WORKERS COMPENSATION IN FAVOR OF THE ADDITIONAL INSURED(S). ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

KRUSINSKI CONSTRUCTION COMPANY
 2107 SWIFT DRIVE
 OAK BROOK IL 60523

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Cincinnati Insurance Company	
INSURER B: The Cincinnati Indemnity Company	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1290716924 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 JOB: #15-436 MUIRFIELD WEST LLC, LOT 9M-BREWSTER CREEK BUSINESS PARK, BARTLETT, IL 60103. ADDITIONAL INSURED(S) FOR GENERAL LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS AND UMBRELLA: KRUSINSKI CONSTRUCTION COMPANY (GC); MUIRFIELD WEST, LLC (OWNER); HARRIS ARCHITECTS, INC (ARCHITECT); CAMCRAFT, INC (TENANT); MATRIX INDUSTRIAL AUTOMATION (TENANT). A WAIVER OF SUBROGATION APPLIES TO THE GENERAL LIABILITY AND WORKERS COMPENSATION IN FAVOR OF THE ADDITIONAL INSURED(S). ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

KRUSINSKI CONSTRUCTION COMPANY 2107 SWIFT DRIVE OAK BROOK IL 60523	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Cincinnati Insurance Company	
INSURER B: The Cincinnati Indemnity Company	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1335118411 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: PROJECT #19-717, CN MECHANICAL OFFICE & RADIO SHOP, 17550 SOUTH ASHLAND AVENUE, HOMEWOOD, IL 60430.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED ON GENERAL LIABILITY, AUTO LIABILITY AND ADDITIONAL INSURED ON UMBRELLA LIABILITY: KRUSINSKI CONSTRUCTION COMPANY (GENERAL CONTRACTOR); ILLINOIS CENTRAL RAILROAD COMPANY (OWNER); GARNETT ARCHITECTS, LLC (ARCHITECT); WISCONSIN CENTRAL LTD., ILLINOIS CENTRAL RAILROAD COMPANY; GRAND TRUNK WESTERN RAILROAD COMPANY; CHICAGO CENTRAL AND PACIFIC RAILROAD COMPANY; BESSEMER AND LAKE ERIE, AND RAILROAD COMPANY; SAULT STE. MARIE BRIDGE COMPANY; CEDAR RIVER RAILROAD, COMPANY; WATERLOO RAILWAY COMPANY; WISCONSIN CHICAGO LINK LTD.; THE PITTSBURGH AND CONNEAUT LAKE ERIE RAILROAD COMPANY; THE PITTSBURGH AND CONNEAUT DOCK COMPANY CORPORATIONS.
 WAIVER OF SUBROGATION ON GENERAL LIABILITY AND WORKERS COMPENSATION APPLIES IN FAVOR OF THE ADDITIONAL INSURED.
 ENDORSEMENT FORMS ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

KRUSINSKI CONSTRUCTION COMPANY 2107 SWIFT DRIVE OAK BROOK, IL 60523	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	INSURER A: Cincinnati Insurance Company INSURER B: The Cincinnati Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 1366738653**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A			ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: PROJECT #19-506, NOVO/EMPIRE BUILDING PRODUCTS, 23647 W. EAMES STREET, SUITE B, 23400 S. FRONTAGE ROAD, CHANNAHON, IL 60410.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSUREDS ON GENERAL LIABILITY: KRUSINSKI CONSTRUCTION COMPANY; HARRIS ARCHITECTS (ARCHITECT); LIT ROUTE 6, LLC (OWNER); CLARION PARTNERS LLC; RPG CHANNAHON DEVELOPMENT, LLC; RPG CHANNAHON MEMBER, LLC AND NOVO/EMPIRE BUILDING PRODUCTS (TENANT).
 WAIVER OF SUBROGATION AS IT PERTAINS TO GENERAL LIABILITY AND WORKERS COMPENSATION IN FAVOR OF THE ADDITIONAL INSUREDS.
 ENDORSEMENTS FORMS ATTACHED.

CERTIFICATE HOLDER**CANCELLATION**

KRUSINSKI CONSTRUCTION COMPANY
 2107 SWIFT DRIVE
 OAK BROOK, IL 60523

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 1486049770

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV		ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: PROJECT #18-503 - ML REALTY - HERITAGE CROSSING 5, LOCKPORT, ONE PIERCE PLACE, LOCKPORT IL.
 ADDITIONAL INSURED ON GENERAL LIABILITY: KRUSINSKI CONSTRUCTION COMPANY "GENERAL CONTRACTOR"; MLRP LOCKPORT 5, LLC "OWNER"; HARRIS ARCHITECTS, INC. "ARCHITECT"; ML REALTY PARTNERS; MLRP LAND, LLC; AND EACH OF THEIR RESPECTIVE MEMBERS, MANAGERS, PARTNERS, AGENTS, REPRESENTATIVES, TRUSTEES, DIRECTORS, OFFICERS, SHAREHOLDERS AND EMPLOYEES, AND EACH OF THEM.
 ENDORSEMENT FORMS ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

KRUSINSKI CONSTRUCTION COMPANY 2107 SWIFT DRIVE OAK BROOK, IL 60523	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com												
INSURER(S) AFFORDING COVERAGE													
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">INSURER A: Cincinnati Insurance Company</td> <td style="width: 50%;">NAIC # 10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER A: Cincinnati Insurance Company	NAIC # 10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER A: Cincinnati Insurance Company	NAIC # 10677												
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INSURER C:													
INSURER D:													
INSURER E:													
INSURER F:													

COVERAGES**CERTIFICATE NUMBER:** 1526157843**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: #16-687 GPA WAREHOUSE TENANT IMPROVEMENTS, 8701 W 47TH STREET, MCCOOK, IL 60525. ADDITIONAL INSURED FOR GENERAL LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS AND UMBRELLA: KRUSINSKI CONSTRUCTION COMPANY (GC); GPA ACQUISITION COMPANY, LLC (OWNER); HART MCCOOK, LLC (LANDLORD); JONES LANG LASALLE AMERICAS, INC; HARLEY ELLIS DEVEREAUX, INC; RTM ENGINEERING CONSULTANTS, LLC; CUSHMAN AND WAKEFIELD, INC. A WAIVER OF SUBROGATION APPLIES TO THE GENERAL LIABILITY AND WORKERS COMPENSATION IN FAVOR OF THE ADDITIONAL INSURED. ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER**CANCELLATION**

KRUSINSKI CONSTRUCTION COMPANY
 2107 SWIFT DRIVE
 OAK BROOK IL 60523

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No. Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
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INSURER C :															
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INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 1644498418

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: #17-620 FLAVORCHEM-SPRAY DRIER AREA, 1525 BROOK DRIVE, DOWNERS GROVE, IL 60515. ADDITIONAL INSURED FOR GENERAL LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS AND UMBRELLA: KRUSINSKI CONSTRUCTION COMPANY (GC); FLAVORCHEM CORPORATION (OWNER); PARTNERS IN DESIGN (ARCHITECT); AROMARK PROPERTIES, INC. A WAIVER OF SUBROGATION APPLIES TO THE GENERAL LIABILITY AND WORKERS COMPENSATION IN FAVOR OF THE ADDITIONAL INSURED. ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

KRUSINSKI CONSTRUCTION COMPANY
 2107 SWIFT DRIVE
 OAK BROOK IL 60523

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 1763158617

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: PROJECT #17-363, RIDGELINE-MELROSE PARK DEVELOPMENT, 8600 NORTH AVENUE, MELROSE PARK, IL 60160.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED ON GENERAL LIABILITY, AUTO LIABILITY AND UMBRELLA LIABILITY: KRUSINSKI CONSTRUCTION COMPANY; MAYWOOD REALTY COMPANY, LLC (OWNER); 8600 NORTH, LLC C/O BANK OF AMERICA N.A.; HARRIS ARCHITECTS, INC.; RPG E, LLC; RPG MAYWOOD PARK DEVELOPMENT, LLC; RPG ACQUISITIONS, LLC, AND THEIR ASSOCIATES.
 WAIVER OF SUBROGATION AS IT PERTAINS TO GENERAL LIABILITY AND WORKERS COMPENSATION IN FAVOR OF THE ADDITIONAL INSURED.
 ENDORSEMENTS FORMS ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

KRUSINSKI CONSTRUCTION COMPANY
 2107 SWIFT DRIVE
 OAK BROOK, IL 60523

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	INSURER A: Cincinnati Insurance Company INSURER B: The Cincinnati Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 1982147661**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: #17-807 PROLOGIS, 1555 MITTEL BLVD, WOOD DALE, IL.
 ADDITIONAL INSUREDS FOR GENERAL LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS AND UMBRELLA: KRUSINSKI CONSTRUCTION COMPANY (GC); PROLOGIS L.P. (OWNER); GMA ARCHITECTS (ARCHITECT). A WAIVER OF SUBROGATION APPLIES TO THE GENERAL LIABILITY AND WORKERS COMPENSATION IN FAVOR OF THE ADDITIONAL INSUREDS. ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER**CANCELLATION**

KRUSINSKI CONSTRUCTION COMPANY
 2107 SWIFT DRIVE
 OAK BROOK IL 60523

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/19/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C No. Ext): 630-355-2077 FAX (A/C No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	MIDWE11 INSURER A : Cincinnati Insurance Company INSURER B : The Cincinnati Indemnity Company INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES

CERTIFICATE NUMBER: 734889944

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: #17-549 RIDGELINE BTS-W. EAMES STREET, CHANNAHON, IL 60410.

ADDITIONAL INSURED FOR GENERAL LIABILITY AND UMBRELLA ON A PRIMARY & NON-CONTRIBUTORY BASIS: KRUSINSKI CONSTRUCTION COMPANY (GC); LIT ROUTE 6, LLC (OWNER); CLARION PARTNERS LLC; RPG CHANNAHON DEVELOPMENT, LLC; RPG CHANNAHON MEMBER, LLC. A WAIVER OF SUBROGATION APPLIES TO THE GENERAL LIABILITY AND WORKERS COMPENSATION IN FAVOR OF THE ADDITIONAL INSURED. TONY ZARLENGO (VP) AND MIKE RICHERT (PRES) ARE EXCLUDED FROM COVERAGE ON THE WORKERS COMPENSATION. EXCESS/UMBRELLA LIMIT EXTENDS OVER THE GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMP. IN THE EVENT OF CANCELLATION, 30 DAYS NOTICE WILL BE GIVEN TO HOLDER PER ATTACHED. ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

KRUSINSKI CONSTRUCTION COMPANY
 2107 SWIFT DRIVE
 OAK BROOK IL 60523

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/8/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 E-MAIL ADDRESS: COI@esserhayes.com FAX (A/C, No): 630-355-7996														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 2075457186

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/>	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV		ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Project #20-225, Trammell Crow - DeKalb Pack Center, DeKalb IL - 1001 E. Gurler Rd., DeKalb, IL
 Krusinski Construction Company "General Contractor"; DeKalb Pack Center Associates, LLC "Owner"; Harris Architects, Inc. "Architect"; DeKalb 343 LLC;
 Trammell Crow Chicago Development Inc.; TC/JJK DeKalb Developer, LLC JJK 343 LLC; CIBC BANK USA Its Successors and/or Assigns; Jacob & Hefner Associates - Civil Engineer; Testing Service Corporation - Testing Agency; Sub-JV: TC/JJK DeKalb Developer, LLC; Master JV: DeKalb Pack Center Associates, LLC and Master JV: DeKalb Distribution Associates, LLC are named as Primary Non-Contributory Additional Insureds on General Liability, Auto Liability & Umbrella Liability. A Waiver of Subrogation applies to General Liability and Workers Compensation in favor of the additional insureds. Endorsement Form(s) Attached.

CERTIFICATE HOLDER**CANCELLATION**

Krusinski Construction Company
 2107 Swift Drive
 Oak Brook IL 60523

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/6/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES**CERTIFICATE NUMBER:** 1599721484**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER:	Y		ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Job #19-517, Ignatius Press Expansion, Aster Road, Sycamore, 1915 Aster Road, Sycamore, IL 60178.

Primary/Non-Contributory Additional Insureds for General Liability, Auto Liability and Additional Insureds for Umbrella Liability: Krusinski Construction Company "General Contractor"; Ignatius Press "Owner" and Cornerstone Architects LTD. "Architect".

Waiver of Subrogation on General Liability and Workers Compensation apply in favor of the Krusinski Construction Company.

Endorsement form(s) attached.

CERTIFICATE HOLDER**CANCELLATION**

Krusinski Construction Company
 2107 Swift Drive
 Oak Brook, IL 60523

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/6/2020

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: coi@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	MIDWE11 INSURER A: Cincinnati Insurance Company INSURER B: The Cincinnati Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 508473154

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2019	3/13/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		EBA 0314304	3/13/2019	3/13/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y		ENP 0314304	3/13/2019	3/13/2020	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	EWC 0314305	3/13/2019	3/13/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2019	3/13/2020	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: PROJECT #19-401, VENTURE ONE, GLENDALE HEIGHTS, 1 E. NORTH AVENUE, GLENDALE HEIGHTS, IL 60139.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED(S) ON GENERAL LIABILITY, AUTO LIABILITY AND ADDITIONAL INSUREDS ON UMBRELLA LIABILITY: KRUSINSKI CONSTRUCTION COMPANY(GENERAL CONTRACTOR), USRLP GLENDALE, LLC (OWNER), WARE MALCOMB (ARCHITECT), VENTURE 1 NORTH, LLC, VENTURE ONE DEVELOPMENT, LLC, V1 NORTH, LLC, VENTURE ONE REAL ESTATE, LLC.
 WAIVER OF SUBROGATION ON GENERAL LIABILITY AND WORKERS COMPENSATION APPLIES IN FAVOR OF THE ADDITIONAL INSURED(S).
 ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

KRUSINSKI CONSTRUCTION COMPANY 2107 SWIFT DRIVE OAK BROOK, IL 60523	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

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IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Cincinnati Insurance Company	10677														
INSURER B: The Cincinnati Indemnity Company	23280														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 163147896**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: #17-549 RIDGELINE BTS-W. EAMES STREET, CHANNAHON, IL 60410.
 ADDITIONAL INSURED FOR GENERAL LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS AND UMBRELLA: KRUSINSKI CONSTRUCTION COMPANY (GC); LIT ROUTE 6, LLC (OWNER); CLARION PARTNERS LLC; RPG CHANNAHON DEVELOPMENT, LLC; RPG CHANNAHON MEMBER, LLC. A WAIVER OF SUBROGATION APPLIES TO THE GENERAL LIABILITY AND WORKERS COMPENSATION IN FAVOR OF THE ADDITIONAL INSURED. TONY ZARLENGO (VP) AND MIKE RICHERT (PRES) ARE EXCLUDED FROM COVERAGE ON THE WORKERS COMPENSATION. EXCESS/UMBRELLA LIMIT EXTENDS OVER THE GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMP. IN THE EVENT OF CANCELLATION, 30 DAYS NOTICE WILL BE GIVEN TO HOLDER PER ATTACHED. ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

KRUSINSKI CONSTRUCTION COMPANY
 2107 SWIFT DRIVE
 OAK BROOK IL 60523

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Cincinnati Insurance Company	NAIC # 10677
INSURER B: The Cincinnati Indemnity Company	23280
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 366873768 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV		ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: PROJECT #19-510 - YAMAZEN - 111 NORTHWEST POINT BLVD, ELK GR VLG, 111 NORTHWEST POINT BLVD., ELK GROVE VILLAGE, IL.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED ON GENERAL LIABILITY, AUTO LIABILITY AND ADDITIONAL INSURED ON UMBRELLA LIABILITY: KRUSINSKI CONSTRUCTION COMPANY "GENERAL CONTRACTOR", YAMAZEN, INC. "OWNER", CORNERSTONE ARCHITECTS LTD. "ARCHITECT", OWNER, ITS SHAREHOLDERS, DIRECTORS AND OFFICERS, OWNER'S REPRESENTATIVE, ARCHITECT AND ARCHITECT'S CONSULTANTS. WAIVER OF SUBROGATION ON GENERAL LIABILITY AND WORKERS COMPENSATION APPLIES IN FAVOR OF THE ADDITIONAL INSURED.
 ENDORSEMENT FORMS ATTACHED.

CERTIFICATE HOLDER
CANCELLATION

KRUSINSKI CONSTRUCTION COMPANY
 2107 SWIFT DRIVE
 OAK BROOK, IL 60523

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 563619850

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: PROJECT #19-401, VENTURE ONE, GLENDALE HEIGHTS, 1 E. NORTH AVENUE, GLENDALE HEIGHTS, IL 60139.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED(S) ON GENERAL LIABILITY, AUTO LIABILITY AND ADDITIONAL INSUREDS ON UMBRELLA LIABILITY: KRUSINSKI CONSTRUCTION COMPANY(GENERAL CONTRACTOR), USRLP GLENDALE, LLC (OWNER), WARE MALCOMB (ARCHITECT), VENTURE 1 NORTH, LLC, VENTURE ONE DEVELOPMENT, LLC, V1 NORTH, LLC, VENTURE ONE REAL ESTATE, LLC.
 WAIVER OF SUBROGATION ON GENERAL LIABILITY AND WORKERS COMPENSATION APPLIES IN FAVOR OF THE ADDITIONAL INSURED(S).
 ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

KRUSINSKI CONSTRUCTION COMPANY
 2107 SWIFT DRIVE
 OAK BROOK, IL 60523

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CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES**CERTIFICATE NUMBER:** 818913762**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A			ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: #17-618 HILLWOOD, 3601 HOWARD STREET, SKOKIE, IL 60076.
 ADDITIONAL INSURED FOR GENERAL LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS AND UMBRELLA: KRUSINSKI CONSTRUCTION COMPANY (GC); SKOKIE COMMERCE CENTER, INC (OWNER); HILLWOOD DEVELOPMENT COMPANY, LLC (OWNER); TEXAS CAPITAL BANK, NATIONAL ASSOCIATION, ATIMA, ISAOA (LENDER); WARE MALCOMB (ARCHITECT). A WAIVER OF SUBROGATION APPLIES TO THE GENERAL LIABILITY AND WORKERS COMPENSATION IN FAVOR OF THE ADDITIONAL INSURED. ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER**CANCELLATION**

KRUSINSKI CONSTRUCTION COMPANY
 2107 SWIFT DRIVE
 OAK BROOK IL 60523

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 974468317

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A			ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A	Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: #16-710 HAUMILLER ENGINEERING, 370 JOSEPH DRIVE, SOUTH ELGIN, IL 60177. ADDITIONAL INSUREDS FOR GENERAL LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS AND UMBRELLA: KRUSINSKI CONSTRUCTION COMPANY (GC); HAUMILLER ENGINEERING COMPANY (OWNER); WARE MALCOMB (ARCHITECT); PINNACLE ENGINEERING GROUP; VILLAGE OF SOUTH ELGIN. A WAIVER OF SUBROGATION APPLIES TO THE GENERAL LIABILITY AND WORKERS COMPENSATION IN FAVOR OF THE ADDITIONAL INSUREDS. ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

KRUSINSKI CONSTRUCTION COMPANY
 2107 SWIFT DRIVE
 OAK BROOK IL 60523

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/8/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL: COI@esserhayes.com ADDRESS:
INSURER(S) AFFORDING COVERAGE	
INSURER A: Cincinnati Insurance Company	
INSURER B: The Cincinnati Indemnity Company	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2075457186 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Project #20-225, Trammell Crow - DeKalb Pack Center, DeKalb IL - 1001 E. Gurler Rd., DeKalb, IL
 Krusinski Construction Company "General Contractor"; DeKalb Pack Center Associates, LLC "Owner"; Harris Architects, Inc. "Architect"; DeKalb 343 LLC;
 Trammell Crow Chicago Development Inc.; TC/JJK DeKalb Developer, LLC JJK 343 LLC; CIBC BANK USA Its Successors and /or Assigns; Jacob & Hefner Associates - Civil Engineer; Testing Service Corporation - Testing Agency; Sub-JV: TC/JJK DeKalb Developer, LLC; Master JV: DeKalb Pack Center Associates, LLC and Master JV: DeKalb Distribution Associates, LLC are named as Primary Non-Contributory Additional Insureds on General Liability, Auto Liability & Umbrella Liability. A Waiver of Subrogation applies to General Liability and Workers Compensation in favor of the additional insureds. Endorsement Form(s) Attached.

CERTIFICATE HOLDER

CANCELLATION

Krusinski Construction Company
 2107 Swift Drive
 Oak Brook IL 60523

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/6/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Cincinnati Insurance Company	
INSURER B : The Cincinnati Indemnity Company	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 1599721484 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Re: Job #19-517, Ignatius Press Expansion, Aster Road, Sycamore, 1915 Aster Road, Sycamore, IL 60178.
 Primary/Non-Contributory Additional Insureds for General Liability, Auto Liability and Additional Insureds for Umbrella Liability: Krusinski Construction Company "General Contractor"; Ignatius Press "Owner" and Cornerstone Architects LTD. "Architect".
 Waiver of Subrogation on General Liability and Workers Compensation apply in favor of the Krusinski Construction Company.
 Endorsement form(s) attached.

CERTIFICATE HOLDER

CANCELLATION

Krusinski Construction Company
 2107 Swift Drive
 Oak Brook, IL 60523

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 48



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/21/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100		CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475		INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Insurance Company INSURER B: The Cincinnati Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:	
MIDWDOC-01		NAIC #	
		10677	
		23280	

COVERAGES

CERTIFICATE NUMBER: 1175566763

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> RETENTION \$ N/A			ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Job: #31823 Great Lakes Tech @ Oakview, 1101 Wesemann Drive, West Dundee, IL 60118.

Additional Insureds for General Liability (includes both Ongoing and Completed Operations): Opus Design Build, L.L.C.; Sequoia Land LLC (Owner).

Coverage is excluded under the Workers Compensation for Pres. Mike Richert and V-Pres, Tony Zarlengo. Endorsement form attached.



CERTIFICATE HOLDER

CANCELLATION

Opus Design Build, LLC
 9700 Higgins Road, Suite 900
 Rosemont IL 60018

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/14/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No. Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 514240563**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A			ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Job: Ingram Micro-Elk Trail, 139 W Elk Trail, Carol Stream, IL 60188.

Additional Insureds for General Liability (includes both Ongoing and Completed Operations): Opus Design Build, L.L.C.; Owner; Liberty Property Limited Partnership (Landlord). Coverage is excluded under the Workers Compensation for Pres. Mike Richert and V-Pres, Tony Zarlengo. Endorsement form attached.

CERTIFICATE HOLDER**CANCELLATION**

Opus Design Build, LLC
 9700 Higgins Road, Suite 900
 Rosemont IL 60018

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/21/2020

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com														
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COVERAGES

CERTIFICATE NUMBER: 1175566763

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/>			ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ N/A			ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Job: #31823 Great Lakes Tech @ Oakview, 1101 Wesemann Drive, West Dundee, IL 60118.

Additional Insureds for General Liability (includes both Ongoing and Completed Operations): Opus Design Build, L.L.C.; Sequoia Land LLC (Owner).

Coverage is excluded under the Workers Compensation for Pres. Mike Richert and V-Pres, Tony Zarlengo. Endorsement form attached.

CERTIFICATE HOLDER

CANCELLATION

Opus Design Build, LLC
 9700 Higgins Road, Suite 900
 Rosemont IL 60018

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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COVERAGES**CERTIFICATE NUMBER:** 1175566763**REVISION NUMBER:**

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
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B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Job: #31823 Great Lakes Tech @ Oakview, 1101 Wesemann Drive, West Dundee, IL 60118.

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Coverage is excluded under the Workers Compensation for Pres. Mike Richert and V-Pres, Tony Zarlengo. Endorsement form attached.

CERTIFICATE HOLDER**CANCELLATION**

Opus Design Build, LLC
 9700 Higgins Road, Suite 900
 Rosemont IL 60018

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES

CERTIFICATE NUMBER: 173468209

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
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A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: #31521 GLANBIA PERFORMANCE NUTRITION TI, 1100 ORCHARD GATEWAY BLVD, NORTH AURORA, IL 60542. ADDITIONAL INSURED(S) FOR GENERAL LIABILITY (INCLUDES BOTH ONGOING AND COMPLETED OPERATIONS): OPUS DESIGN BUILD, L.L.C.; MP NORTH AURORA EAST, LLC (OWNER). COVERAGE IS EXCLUDED UNDER THE WORKERS COMPENSATION FOR PRES, MIKE RICHERT AND V-PRES, TONY ZARLENGO. ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

OPUS DESIGN BUILD, L.L.C.
 9700 W HIGGINS RD, SUITE 900
 ROSEMONT IL 60018

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES**CERTIFICATE NUMBER:** 226200206**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV		ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: AMERICAN ACADEMY OF PEDIATRICS, 345 PARK BLVD, ITASCA, IL 60143. ADDITIONAL INSURED FOR GENERAL LIABILITY (INCLUDES BOTH ONGOING AND COMPLETED OPERATIONS): OPUS DESIGN BUILD, L.L.C.; AMERICAN ACADEMY OF PEDIATRICS (OWNER). COVERAGE IS EXCLUDED UNDER THE WORKERS COMPENSATION FOR PRES, MIKE RICHERT AND V-PRES, TONY ZARLENGO. ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER**CANCELLATION**

OPUS DESIGN BUILD, L.L.C.
 9700 HIGGINS ROAD
 ROSEMONT IL 60018

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com												
INSURER(S) AFFORDING COVERAGE													
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A: Cincinnati Insurance Company</td> <td style="width: 20%; text-align: center;">NAIC # 10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td style="text-align: center;">23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER A: Cincinnati Insurance Company	NAIC # 10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER A: Cincinnati Insurance Company	NAIC # 10677												
INSURER B: The Cincinnati Indemnity Company	23280												
INSURER C:													
INSURER D:													
INSURER E:													
INSURER F:													

COVERAGES

CERTIFICATE NUMBER: 395262906

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A			ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: PROJECT TIGER, 3300 CHANNAHON RD, JOLIET, IL 60436.
 ADDITIONAL INSUREDS FOR GENERAL LIABILITY (INCLUDES BOTH ONGOING AND COMPLETED OPERATIONS): OPUS DESIGN BUILD, L.L.C.(GENERAL CONTRACTOR); TARGET CORPORATION (OWNER); MP HOUBOLT LOGISTIC JV COMPANY, LLC. COVERAGE IS EXCLUDED UNDER THE WORKERS COMPENSATION FOR PRES, MIKE RICHERT AND V-PRES, TONY ZARLENGO. ENDORSEMENT FORMS ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

OPUS DESIGN BUILD, L.L.C.
 9700 HIGGINS ROAD, SUITE 900
 ROSEMONT IL 60018

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL: coi@esserhayes.com ADDRESS:														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 719310760

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV		ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: EXPEDITORS TI AT 10 FALCON CT, STREAMWOOD, IL 60107. ADDITIONAL INSURED(S) FOR GENERAL LIABILITY (INCLUDES BOTH ONGOING AND COMPLETED OPERATIONS): OPUS DESIGN BUILD, LLC; RELP STREAMWOOD, LLC (OWNER); EXPEDITORS (TENANT). COVERAGE IS EXCLUDED UNDER THE WORKERS COMPENSATION FOR PRES, MIKE RICHERT AND V-PRES, TONY ZARLENGO. ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

OPUS DESIGN BUILD, L.L.C.
10350 BREN ROAD WEST
MINNETONKA MN 55343

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/16/2020

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C No, Ext): 630-355-2077 FAX (A/C No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 1056872521

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A			ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: RENISHAW BTS, 1001 WESEMANN DRIVE, WEST DUNDEE, IL 60118. ADDITIONAL INSURED(S) FOR GENERAL LIABILITY (INCLUDES BOTH ONGOING AND COMPLETED OPERATIONS): OPUS DESIGN BUILD, L.L.C.; RENISHAW, INC (OWNER). COVERAGE IS EXCLUDED UNDER THE WORKERS COMPENSATION FOR PRES, MIKE RICHERT AND V-PRES, TONY ZARLENGO. ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

OPUS DESIGN BUILD, L.L.C.
 9700 HIGGINS ROAD, STE 900
 ROSEMONT IL 60018

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/16/2020

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IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	INSURER A: Cincinnati Insurance Company INSURER B: The Cincinnati Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 1330931980 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A			ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 JOB: #31348 HELUKABEL, OAKVIEW CORPORATE PARK, 1201 WESEMAN DR, WEST DUNDEE, IL 60118. ADDITIONAL INSURED(S) FOR GENERAL LIABILITY (INCLUDES BOTH ONGOING AND COMPLETED OPERATIONS): OPUS DESIGN BUILD, L.L.C. (GENERAL CONTRACTOR); HELUKABEL USA (OWNER); OPUS AE GROUP, LLC. COVERAGE IS EXCLUDED UNDER THE WORKERS COMPENSATION FOR PRES, MIKE RICHERT AND V-PRES, TONY ZARLENGO. ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

OPUS DESIGN BUILD, L.L.C.
 9700 HIGGINS ROAD, SUITE 900
 ROSEMONT IL 60018

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

4/16/2020

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville, IL 60540-9100		PHONE (A/C. No. Ext): 630-355-2077		COMPANY Cincinnati Insurance Company P.O. Box 145496 Cincinnati OH 45250-5496	
FAX (A/C. No.): 630-579-0001		E-MAIL ADDRESS: coi@esserhays.com			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #: MIDWE11		LOAN NUMBER		POLICY NUMBER ENP 0314304	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475		EFFECTIVE DATE 03/13/2020		EXPIRATION DATE 03/13/2021	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION
 LOCATION 1 BUILDING 1: 27 EAST 36TH PLACE, STEGER, IL 60475.

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION		PERILS INSURED	BASIC	BROAD	X	SPECIAL		
COVERAGE / PERILS / FORMS							AMOUNT OF INSURANCE	DEDUCTIBLE
LOCATION 1 BUILDING 1							125,000	500
BUSINESS PERSONAL PROPERTY / SPECIAL FORM / REPLACEMENT COST							150,000	500
PERSONAL PROPERTY OF OTHERS / SPECIAL FORM / REPLACEMENT COST							100,000	500
INSTALLATION FLOATER								



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Insurance Company NAIC # 10677 INSURER B: The Cincinnati Indemnity Company 23280 INSURER C: INSURER D: INSURER E: INSURER F:
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COVERAGES **CERTIFICATE NUMBER:** 19970300 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A			ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 JOB: MC MACHINERY #30844. ADDITIONAL INSURED(S) FOR GENERAL LIABILITY (INCLUDES BOTH ONGOING AND COMPLETED OPERATIONS): OPUS DESIGN BUILD, LLC; MC MACHINERY SYSTEMS, INC; BK ELK GROVE LLC; NEWMARK GRUBB KNIGHT FRANK. COVERAGE IS EXCLUDED UNDER THE WORKERS COMPENSATION FOR PRES, MIKE RICHERT AND V-PRES, TONY ZARLENGO. ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

OPUS DESIGN BUILD, LLC
 10350 BREN ROAD WEST
 MINNETONKA MN 55343

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES **CERTIFICATE NUMBER:** 1066693700 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A			ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 JOB: #31648 MOKENA INDUSTRIAL SPEC-BUILDING A, 8965 187TH STREET/BUILDING B, 8905 187TH STREET, MOKENA, IL 60448. ADDITIONAL INSUREDS FOR GENERAL LIABILITY (INCLUDES BOTH ONGOING AND COMPLETED OPERATIONS): OPUS DESIGN BUILD, LLC; OWNER. COVERAGE IS EXCLUDED UNDER THE WORKERS COMPENSATION FOR PRES, MIKE RICHERT AND V-PRES, TONY ZARLENGO. ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

OPUS DESIGN BUILD, LLC
 10350 BREN ROAD WEST
 MINNETONKA MN 55343

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/14/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL: COI@esserhayes.com ADDRESS:														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 514240563

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ N/A			ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Job: Ingram Micro-Elk Trail, 139 W Elk Trail, Carol Stream, IL 60188.

Additional Insureds for General Liability (includes both Ongoing and Completed Operations): Opus Design Build, L.L.C.; Owner; Liberty Property Limited Partnership (Landlord). Coverage is excluded under the Workers Compensation for Pres. Mike Richert and V-Pres, Tony Zarlengo. Endorsement form attached.

CERTIFICATE HOLDER

CANCELLATION

Opus Design Build, LLC
 9700 Higgins Road, Suite 900
 Rosemont IL 60018

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/21/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	INSURER A: Cincinnati Insurance Company INSURER B: The Cincinnati Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 1175566763

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ N/A			ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Job: #31823 Great Lakes Tech @ Oakview, 1101 Wesemann Drive, West Dundee, IL 60118.

Additional Insureds for General Liability (includes both Ongoing and Completed Operations): Opus Design Build, L.L.C.; Sequoia Land LLC (Owner).
 Coverage is excluded under the Workers Compensation for Pres. Mike Richert and V-Pres, Tony Zarlengo. Endorsement form attached.

CERTIFICATE HOLDER**CANCELLATION**

Opus Design Build, LLC
 9700 Higgins Road, Suite 900
 Rosemont IL 60018

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/21/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
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INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 1175566763

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A			ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N Y N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Job: #31823 Great Lakes Tech @ Oakview, 1101 Wesemann Drive, West Dundee, IL 60118.

Additional Insureds for General Liability (includes both Ongoing and Completed Operations): Opus Design Build, L.L.C.; Sequoia Land LLC (Owner). Coverage is excluded under the Workers Compensation for Pres. Mike Richert and V-Pres, Tony Zarlengo. Endorsement form attached.

CERTIFICATE HOLDER

Opus Design Build, LLC 9700 Higgins Road, Suite 900 Rosemont IL 60018	CANCELLATION <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
---	---

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/21/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	INSURER A: Cincinnati Insurance Company INSURER B: The Cincinnati Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 1175566763

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A			ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Job: #31823 Great Lakes Tech @ Oakview, 1101 Wesemann Drive, West Dundee, IL 60118.

Additional Insureds for General Liability (includes both Ongoing and Completed Operations): Opus Design Build, L.L.C.; Sequoia Land LLC (Owner).

Coverage is excluded under the Workers Compensation for Pres. Mike Richert and V-Pres, Tony Zarlengo. Endorsement form attached.

CERTIFICATE HOLDER

CANCELLATION

Opus Design Build, LLC
 9700 Higgins Road, Suite 900
 Rosemont IL 60018

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/14/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	MIDWDOC-01 INSURER A: Cincinnati Insurance Company INSURER B: The Cincinnati Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 514240563

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV		ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Job: Ingram Micro-Elk Trail, 139 W Elk Trail, Carol Stream, IL 60188.

Additional Insureds for General Liability (includes both Ongoing and Completed Operations): Opus Design Build, L.L.C.; Owner; Liberty Property Limited Partnership (Landlord). Coverage is excluded under the Workers Compensation for Pres. Mike Richert and V-Pres, Tony Zarlengo. Endorsement form attached.

CERTIFICATE HOLDER

CANCELLATION

Opus Design Build, LLC
 9700 Higgins Road, Suite 900
 Rosemont IL 60018

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 49



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/9/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL: COI@esserhayes.com ADDRESS:												
INSURER(S) AFFORDING COVERAGE													
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">INSURER A : Cincinnati Insurance Company</td> <td style="width: 50%;">NAIC # 10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER A : Cincinnati Insurance Company	NAIC # 10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER A : Cincinnati Insurance Company	NAIC # 10677												
INSURER B : The Cincinnati Indemnity Company	23280												
INSURER C :													
INSURER D :													
INSURER E :													
INSURER F :													

COVERAGES

CERTIFICATE NUMBER: 1811044531

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: HEARTLAND D/21530 SW FRONTAGE ROAD, SHOREWOOD, IL 60404. ADDITIONAL INSURED AS RESPECTS GENERAL LIABILITY & AUTO LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS AND UMBRELLA: MERIDIAN DESIGN BUILD LLC (CONTRACTOR); HEARTLAND D LLC (OWNER). A WAIVER OF SUBROGATION APPLIES TO GENERAL LIABILITY, AUTO, UMBRELLA AND WORKERS COMPENSATION POLICIES IN FAVOR OF THE ADDITIONAL INSURED. UMBRELLA EXTENDS OVER THE GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMPENSATION. COVERAGE IS EXCLUDED ON THE WORKERS COMP FOR TONY ZARLENGO (SECRETARY) AND MIKE RICHERT (PRES.) ENDORSEMENT FORMS ATTACHED.



CERTIFICATE HOLDER

CANCELLATION

MERIDIAN DESIGN BUILD LLC
 9550 W HIGGINS ROAD, SUITE 400
 ROSEMONT IL 60018

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/28/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C No. Ext): 630-355-2077 FAX (A/C No.): 630-355-7996 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B: The Cincinnati Indemnity Company	23280														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 964090499**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Project #2001 - 760 North Ave Spec - 760 E North Avenue, Glendale Heights, IL, 60139

Meridian Design Build LLC, MLRP 760 North LLC and ML Realty Partners, LLC are named as Primary Non-Contributory Additional Insureds on General Liability, Auto Liability and Umbrella Liability. A Waiver of Subrogation applies to General Liability, Auto Liability and Workers Compensation in favor of the additional insureds. Endorsement Forms Attached.

CERTIFICATE HOLDER**CANCELLATION**

Meridian Design Build LLC
 9550 W. Higgins Road, Suite 400
 Rosemont IL 60018

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/9/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES **CERTIFICATE NUMBER:** 1811044531 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: HEARTLAND D/21530 SW FRONTAGE ROAD, SHOREWOOD, IL 60404. ADDITIONAL INSURED AS RESPECTS GENERAL LIABILITY & AUTO LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS AND UMBRELLA: MERIDIAN DESIGN BUILD LLC (CONTRACTOR); HEARTLAND D LLC (OWNER). A WAIVER OF SUBROGATION APPLIES TO GENERAL LIABILITY, AUTO, UMBRELLA AND WORKERS COMPENSATION POLICIES IN FAVOR OF THE ADDITIONAL INSURED. UMBRELLA EXTENDS OVER THE GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMPENSATION. COVERAGE IS EXCLUDED ON THE WORKERS COMP FOR TONY ZARLENGO (SECRETARY) AND MIKE RICHERT (PRES.) ENDORSEMENT FORMS ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

MERIDIAN DESIGN BUILD LLC
 9550 W HIGGINS ROAD, SUITE 400
 ROSEMONT IL 60018

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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DATE (MM/DD/YYYY)
6/2/2020

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100		CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 E-MAIL: ADDRESS: coi@esserhayes.com	FAX (A/C, No): 630-355-7996	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	MIDWE11	INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Cincinnati Insurance Company		10677
		INSURER B : The Cincinnati Indemnity Company		23280
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

REVISION NUMBER:

INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/>	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
	<input type="checkbox"/>							MED EXP (Any one person)	\$ 10,000
	<input type="checkbox"/>							PERSONAL & ADV INJURY	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/>	POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/>	OTHER:							\$
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/>	ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/>					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/>	HIRED AUTOS	<input checked="" type="checkbox"/>					PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>		<input type="checkbox"/>						\$
A	<input checked="" type="checkbox"/>	UMBRELLA LIAB	<input checked="" type="checkbox"/>	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE	\$ 6,000,000
	<input type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/>					AGGREGATE	\$ 6,000,000
	<input type="checkbox"/>	DED <input checked="" type="checkbox"/> RETENTION \$ N/A							\$
B	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y	Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N					E.L. EACH ACCIDENT	\$ 1,000,000
		If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	<input checked="" type="checkbox"/>	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000	Deductible: \$250

Re: Project #2001 - 760 North Ave Spec - 760 E North Avenue, Glendale Heights, IL, 60139
Meridian Design Build LLC, MLRP 760 North LLC and ML Realty Partners, LLC are named as Primary Non-Contributory Additional Insureds on General Liability, Auto Liability and Umbrella Liability. A Waiver of Subrogation applies to General Liability, Auto Liability and Workers Compensation in favor of the additional insureds. Umbrella follows form according to the policy terms and conditions and the attached Umbrella Schedule of Underlying.
Excluded from Workers Compensation: Mike Richert and Anthony Zarlengo.
Endorsement Forms Attached.

CANCELLATION

<p>Meridian Design Build LLC 9550 W. Higgins Road, Suite 400 Rosemont IL 60018</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
	<p>AUTHORIZED REPRESENTATIVE</p> 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	INSURER A: Cincinnati Insurance Company INSURER B: The Cincinnati Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 366734098**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: #1708 MT PLEASANT BUILDING II, 11905 MERIDIAN DRIVE, MT PLEASANT, WI 53406. ADDITIONAL INSURED ON A PRIMARY & NON-CONTRIBUTORY BASIS AS RESPECTS ALL POLICIES NOTED ABOVE (GL, CA, UM), EXCEPT WORKERS COMPENSATION: MERIDIAN DESIGN BUILD LLC; MT. PLEASANT LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, ITS MEMBERS AND MANAGERS (COLLECTIVELY, "MT PLEASANT INDEMNITIES"), BLUFF POINT, L.L.C., A DELAWARE LIMITED LIABILITY COMPANY, ITS MEMBERS AND MANAGERS (COLLECTIVELY, "BLUFF POINT INDEMNITIES") AND MT. PLEASANT INDEMNITIES' AND BLUFF POINT INDEMNITIES' RESPECTIVE SHAREHOLDERS, BENEFICIARIES, OFFICERS, DIRECTORS, PARTNERS, MEMBERS, MANAGERS, CONTRACTORS, AFFILIATES, HEIRS, LEGAL REPRESENTATIVES, AGENTS, SERVANTS, EMPLOYEES, SUCCESSORS AND ASSIGNS, LENDER, AND ITS SHAREHOLDERS, OFFICERS, DIRECTORS, AGENTS, SERVANTS, EMPLOYEES, SUCCESSORS AND ASSIGNS AND SUCH OTHER PARTIES WITH AN INSURABLE INTEREST AS OWNER MAY DESIGNATE (OWNER); PARTNERS IN See Attached...

CERTIFICATE HOLDER**CANCELLATION**

MERIDIAN DESIGN BUILD LLC
 9550 W HIGGINS ROAD, SUITE 400
 ROSEMONT IL 60018

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: MIDWE11

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Esser Hayes Insurance Group		NAMED INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

DESIGN ARCHITECTS, INC (ARCHITECT); PINNACLE ENGINEERING GROUP, LLC (CIVIL ENGINEER). WAIVER OF SUBROGATION APPLIES TO GENERAL LIABILITY, AUTO, UMBRELLA AND WORKERS COMPENSATION POLICIES IN FAVOR OF THE ADDITIONAL NSURED. UMBRELLA EXTENDS OVER THE GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMPENSATION. COVERAGE IS EXCLUDED ON THE WORKERS COMP FOR TONY ZARLENGO (V-PRES) AND MIKE RICHERT (PRES.)
ENDORSEMENT FORM(S) ATTACHED.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES**CERTIFICATE NUMBER:** 763222579**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: HERITAGE CROSSING CORPORATE CENTER, BUILDING #6, 14554 S GOUGAR ROAD, LOCKPORT, IL. ADDITIONAL INSURED ON A PRIMARY & NON-CONTRIBUTORY BASIS AS RESPECTS ALL POLICIES NOTED ABOVE (GL, CA, UM), EXCEPT WORKERS COMPENSATION: MERIDIAN DESIGN BUILD LLC; MLRP LOCKPORT 6 LLC; ML REALTY PARTNERS, LLC; MLRP LOCKPORT LAND, LLC; WELLS FARGO BANK, N.A.; HARRIS ARCHITECTS, INC; JACOB & HEFNER ASSOCIATES, INC. WAIVER OF SUBROGATION APPLIES TO GENERAL LIABILITY, AUTO, UMBRELLA AND WORKERS COMPENSATION POLICIES IN FAVOR OF THE ADDITIONAL INSURED. UMBRELLA EXTENDS OVER THE GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMP. COVERAGE IS EXCLUDED ON THE WORKERS COMP FOR TONY ZARLENGO (V-PRES) AND MIKE RICHERT (PRES.)
 ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER**CANCELLATION**

MERIDIAN DESIGN BUILD LLC
 790 ESTATE DRIVE, SUITE 220
 DEERFIELD IL 60015

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com												
INSURER(S) AFFORDING COVERAGE													
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A : Cincinnati Insurance Company</td> <td style="width: 20%; text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td style="text-align: center;">10677</td> </tr> <tr> <td>INSURER C :</td> <td style="text-align: center;">23280</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER A : Cincinnati Insurance Company	NAIC #	INSURER B : The Cincinnati Indemnity Company	10677	INSURER C :	23280	INSURER D :		INSURER E :		INSURER F :	
INSURER A : Cincinnati Insurance Company	NAIC #												
INSURER B : The Cincinnati Indemnity Company	10677												
INSURER C :	23280												
INSURER D :													
INSURER E :													
INSURER F :													

COVERAGES**CERTIFICATE NUMBER:** 1180016223**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: #1702 FERGUSON ENTERPRISES TENANT IMPROVEMENTS, 601 REGENCY DRIVE, SUITE A, GLENDALE HEIGHTS, IL 60139. ADDITIONAL INSURED ON A PRIMARY & NON-CONTRIBUTORY BASIS AS RESPECTS ALL POLICIES NOTED ABOVE (GL, CA, UM), EXCEPT WORKERS COMPENSATION: MERIDIAN DESIGN BUILD LLC; FERGUSON ENTERPRISES, INC; HARRIS ARCHITECTS, INC. WAIVER OF SUBROGATION APPLIES TO GENERAL LIABILITY, AUTO, UMBRELLA AND WORKERS COMPENSATION POLICIES IN FAVOR OF THE ADDITIONAL INSURED. UMBRELLA EXTENDS OVER THE GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMPENSATION. COVERAGE IS EXCLUDED ON THE WORKERS COMP FOR TONY ZARLENGO (V-PRES) AND MIKE RICHERT (PRES.) ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER**CANCELLATION**

MERIDIAN DESIGN BUILD LLC
 790 ESTATE DRIVE, SUITE 220
 DEERFIELD IL 60015

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No. Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES**CERTIFICATE NUMBER:** 1585257275**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR </div> <div> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: </div> </div>	Y	Y	ENP 0314304	3/13/2020	3/13/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 500,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
EACH OCCURRENCE	\$ 1,000,000																				
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000																				
MED EXP (Any one person)	\$ 10,000																				
PERSONAL & ADV INJURY	\$ 1,000,000																				
GENERAL AGGREGATE	\$ 2,000,000																				
PRODUCTS - COMP/OP AGG	\$ 2,000,000																				
	\$																				
A	AUTOMOBILE LIABILITY <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS </div> <div> <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS </div> </div>	Y	Y	EBA 0314304	3/13/2020	3/13/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000																				
BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$ 6,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$ 6,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$ 6,000,000	AGGREGATE	\$ 6,000,000		\$								
EACH OCCURRENCE	\$ 6,000,000																				
AGGREGATE	\$ 6,000,000																				
	\$																				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td>\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td>\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td>\$ 1,000,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT		\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000	E.L. DISEASE - POLICY LIMIT		\$ 1,000,000		
<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER																				
E.L. EACH ACCIDENT		\$ 1,000,000																			
E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000																			
E.L. DISEASE - POLICY LIMIT		\$ 1,000,000																			
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250														

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: HEARTLAND D/21530 SW FRONTAGE ROAD, SHOREWOOD, IL 60404. ADDITIONAL INSURED AS RESPECTS GENERAL LIABILITY & AUTO LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS AND UMBRELLA: MERIDIAN DESIGN BUILD LLC (CONTRACTOR); HEARTLAND D LLC (OWNER). A WAIVER OF SUBROGATION APPLIES TO GENERAL LIABILITY, AUTO, UMBRELLA AND WORKERS COMPENSATION POLICIES IN FAVOR OF THE ADDITIONAL NSURED. UMBRELLA EXTENDS OVER THE GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMPENSATION. COVERAGE IS EXCLUDED ON THE WORKERS COMP FOR TONY ZARLENGO (SECRETARY) AND MIKE RICHERT (PRES.) ENDORSEMENT FORMS ATTACHED.

CERTIFICATE HOLDER**CANCELLATION**

MERIDIAN DESIGN BUILD LLC
 9550 W HIGGINS ROAD, SUITE 400
 ROSEMONT IL 60018

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Cincinnati Insurance Company NAIC # 10677	
INSURER B : The Cincinnati Indemnity Company 23280	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 1702976278 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV		ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: SHOREWOOD DOCK EQUIPMENT, FEDEX SCRANTON, FREEPORT ROAD & COMMERCE ROAD, SCRANTON, PA.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED ON GENERAL LIABILITY AND ADDITIONAL INSURED ON AUTO LIABILITY & UMBRELLA LIABILITY: MERIDIAN DESIGN BUILD LLC, SCANNELL PROPERTIES #187, LLC, PRECEPT DESIGN, LLC, PNC BANK AND FEDEX GROUND PACKAGE SYSTEM, INC.
 WAIVER OF SUBROGATION AS IT PERTAINS TO GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMPENSATION IN FAVOR OF THE ADDITIONAL INSURED. ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

MERIDIAN DESIGN BUILD LLC
 790 ESTATE DRIVE, SUITE 220
 DEERFIELD, IL 60015

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/28/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: coi@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	MIDWE11 INSURER A: Cincinnati Insurance Company INSURER B: The Cincinnati Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 964090499

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSP	SUBR WVP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Project #2001 - 760 North Ave Spec - 760 E North Avenue, Glendale Heights, IL, 60139
 Meridian Design Build LLC, MLRP 760 North LLC and ML Realty Partners, LLC are named as Primary Non-Contributory Additional Insureds on General Liability, Auto Liability and Umbrella Liability. A Waiver of Subrogation applies to General Liability, Auto Liability and Workers Compensation in favor of the additional insureds. Endorsement Forms Attached.

CERTIFICATE HOLDER**CANCELLATION**

Meridian Design Build LLC
 9550 W. Higgins Road, Suite 400
 Rosemont IL 60018

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/2/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: coi@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	INSURER A: Cincinnati Insurance Company INSURER B: The Cincinnati Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:
NAIC #	
10677	
23280	

COVERAGES**CERTIFICATE NUMBER:** 334466755**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Project #2001 - 760 North Ave Spec - 760 E North Avenue, Glendale Heights, IL, 60139
 Meridian Design Build LLC, MLRP 760 North LLC and ML Realty Partners, LLC are named as Primary Non-Contributory Additional Insureds on General Liability, Auto Liability and Umbrella Liability. A Waiver of Subrogation applies to General Liability, Auto Liability and Workers Compensation in favor of the additional insureds. Umbrella follows form according to the policy terms and conditions and the attached Umbrella Schedule of Underlying.
 Excluded from Workers Compensation: Mike Richert and Anthony Zarlengo.
 Endorsement Forms Attached.

CERTIFICATE HOLDER**CANCELLATION**

Meridian Design Build LLC
 9550 W. Higgins Road, Suite 400
 Rosemont IL 60018

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 10/9/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL: COL@esserhayes.com ADDRESS:
INSURER(S) AFFORDING COVERAGE	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	MIDWDOC-01 INSURER A: Cincinnati Insurance Company INSURER B: The Cincinnati Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES
CERTIFICATE NUMBER: 1811044531

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: HEARTLAND D/21530 SW FRONTAGE ROAD, SHOREWOOD, IL 60404. ADDITIONAL INSURED AS RESPECTS GENERAL LIABILITY & AUTO LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS AND UMBRELLA: MERIDIAN DESIGN BUILD LLC (CONTRACTOR); HEARTLAND D LLC (OWNER). A WAIVER OF SUBROGATION APPLIES TO GENERAL LIABILITY, AUTO, UMBRELLA AND WORKERS COMPENSATION POLICIES IN FAVOR OF THE ADDITIONAL INSURED. UMBRELLA EXTENDS OVER THE GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMPENSATION. COVERAGE IS EXCLUDED ON THE WORKERS COMP FOR TONY ZARLENGO (SECRETARY) AND MIKE RICHERT (PRES.) ENDORSEMENT FORMS ATTACHED.

CERTIFICATE HOLDER
CANCELLATION

 MERIDIAN DESIGN BUILD LLC
 9550 W HIGGINS ROAD, SUITE 400
 ROSEMONT IL 60018

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/12/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Cincinnati Insurance Company	
INSURER B : The Cincinnati Indemnity Company	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 870212054 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Re: Project #2002 Heartland Corporate Center Building D-Kenco Group TI, 21520 SW Frontage Road, Shorewood, IL 60404.
 Meridian Design Build LLC, Heartland D LLC (Owner) are named as Primary Non-Contributory Additional Insureds on General Liability, Auto Liability and Umbrella Liability. A Waiver of Subrogation applies to General Liability, Auto Liability and Workers Compensation in favor of the additional insureds. Umbrella follows form according to the policy terms and conditions and the attached Umbrella Schedule of Underlying.
 Excluded from Workers Compensation: Mike Richert and Anthony Zarlengo.
 Endorsement Forms Attached.

CERTIFICATE HOLDER Meridian Design Build LLC 9550 W. Higgins Road, Suite 400 Rosemont IL 60018	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/17/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Kathy Waslewski PHONE (A/C, No, Ext): 630-908-5058 FAX (A/C, No): 630-908-4710 E-MAIL ADDRESS: kwas@mctrinka.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Cincinnati Insurance Company	
INSURER B: The Cincinnati Indemnity Company	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES	CERTIFICATE NUMBER: 1706563709	REVISION NUMBER:
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Route 60 Logistics Center, 1300 Allanson Road, Mundelein, Illinois.

Umbrella follows form.

Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Umbrella Liability: Meridian Design Build LLC. Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of the Additional Insureds.

CERTIFICATE HOLDER

CANCELLATION

Meridian Design Build LLC
 9550 W. Higgins Road, Suite 400
 Rosemont IL 60018

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/23/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Kathy Waslewski PHONE (A/C, No, Ext): 630-908-5058 FAX (A/C, No): 630-908-4710 E-MAIL ADDRESS: kwas@mctrinka.com
INSURER(S) AFFORDING COVERAGE	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	MIDWDOC-01 INSURER A: Cincinnati Insurance Company INSURER B: The Cincinnati Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 10677 23280

COVERAGES

CERTIFICATE NUMBER: 1260333221

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Job: Route 60 Logistics Center, 1300 Allanson Road, Mundelein, Illinois.
 Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Umbrella Liability: Meridian Design Build LLC (Contractor); USRLP Mundelein, LLC (Owner); First Midwest Bank (Lender); V1 Allanson, LLC (Developer); Venture One Development Services, LLC (Developer); Venture One Development, LLC (Developer); Venture One Real Estate, LLC (Developer). Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of the Additional Insureds. Umbrella follows form subject to the terms and conditions of the policy per the Umbrella form. Endorsement forms attached.

CERTIFICATE HOLDER

CANCELLATION

Meridian Design Build LLC 9550 W. Higgins Road, Suite 400 Rosemont IL 60018	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	---

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/23/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Kathy Wasilewski PHONE (A/C, No, Ext): 630-908-5058 FAX (A/C, No): 630-908-4710 E-MAIL ADDRESS: kwas@mctrinka.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Cincinnati Insurance Company	
INSURER B: The Cincinnati Indemnity Company	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2095516059 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Job: Route 60 Logistics Center, 1300 Allanson Road, Mundelein, Illinois.
 Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Umbrella Liability: Meridian Design Build LLC (Contractor); USRLP Mundelein, LLC (Owner); First Midwest Bank (Lender); V1 Allanson, LLC (Developer); Venture One Development Services, LLC (Developer); Venture One Development, LLC (Developer); Venture One Real Estate, LLC (Developer). Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of the Additional Insureds. Umbrella follows form subject to the terms and conditions of the policy per the Umbrella form. Tony Zarlengo (VP) and Mike Richert (Pres) are excluded from coverage on the Workers Compensation. Endorsement forms attached.

CERTIFICATE HOLDER

CANCELLATION

Meridian Design Build LLC
 9550 W. Higgins Road, Suite 400
 Rosemont IL 60018

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/16/2020

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com												
INSURER(S) AFFORDING COVERAGE													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A : Cincinnati Insurance Company</td> <td style="width: 20%;">NAIC # 10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>		INSURER A : Cincinnati Insurance Company	NAIC # 10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER A : Cincinnati Insurance Company	NAIC # 10677												
INSURER B : The Cincinnati Indemnity Company	23280												
INSURER C :													
INSURER D :													
INSURER E :													
INSURER F :													

COVERAGES **CERTIFICATE NUMBER: 1904013010** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: JOB #1808, LOCKPORT BUILDING NO. 2, 16427 PROLOGIS PARKWAY, LOCKPORT, IL 60441.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED ON GENERAL LIABILITY & AUTOMOBILE LIABILITY & ADDITIONAL INSURED ON UMBRELLA LIABILITY: MERIDIAN DESIGN BUILD, LLC, PROLOGIS, L.P., OR SUCH AFFILIATE, SUBSIDIARY OR RELATED PARTY THEREOF, AS APPLICABLE, WHICH IS THE OWNER OF THE PROJECT, AND ITS AUTHORIZED AGENTS, AFFILIATES AND PROPERTY MANAGERS. WAIVERS OF SUBROGATION AS IT PERTAINS TO GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA LIABILITY AND WORKERS COMPENSATION IN FAVOR OF THE ADDITIONAL INSURED. UMBRELLA LIMIT EXTENDS OVER THE GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMPENSATION. COVERAGE IS EXCLUDED ON THE WORKERS COMPENSATION FOR ANTHONY ZARLENGO (SECRETARY) AND MIKE RICHERT (PRESIDENT). ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

MERIDIAN DESIGN BUILD, LLC 9550 W. HIGGINS ROAD, SUITE 400 ROSEMONT, IL 60018	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com												
INSURER(S) AFFORDING COVERAGE													
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">INSURER A : Cincinnati Insurance Company</td> <td style="width: 50%;">NAIC # 10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER A : Cincinnati Insurance Company	NAIC # 10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER A : Cincinnati Insurance Company	NAIC # 10677												
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INSURER D :													
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INSURER F :													

COVERAGES**CERTIFICATE NUMBER:** 2036501901**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: JOB #1807, LOCKPORT BUILDING NO. 1, 16323 PROLOGIS PARKWAY, LOCKPORT, IL 60441.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED ON GENERAL LIABILITY & AUTOMOBILE LIABILITY & ADDITIONAL INSURED ON UMBRELLA LIABILITY: MERIDIAN DESIGN BUILD, LLC, PROLOGIS, L.P., OR SUCH AFFILIATE, SUBSIDIARY OR RELATED PARTY THEREOF, AS APPLICABLE, WHICH IS THE OWNER OF THE PROJECT, AND ITS AUTHORIZED AGENTS, AFFILIATES AND PROPERTY MANAGERS. WAIVERS OF SUBROGATION AS IT PERTAINS TO GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA LIABILITY AND WORKERS COMPENSATION IN FAVOR OF THE ADDITIONAL INSURED. UMBRELLA LIMIT EXTENDS OVER THE GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMPENSATION. COVERAGE IS EXCLUDED ON THE WORKERS COMPENSATION FOR ANTHONY ZARLENGO (SECRETARY) AND MIKE RICHERT (PRESIDENT). ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

MERIDIAN DESIGN BUILD, LLC
 9550 W. HIGGINS ROAD, SUITE 400
 ROSEMONT, IL 60018

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/17/2021

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Kathy Wasiewski PHONE (A/C, No, Ext): 630-908-5058 FAX (A/C, No): 630-908-4710 E-MAIL ADDRESS: kwas@mctrinka.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Cincinnati Insurance Company	
INSURER B: The Cincinnati Indemnity Company	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1706563709 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Route 60 Logistics Center, 1300 Allanson Road, Mundelein, Illinois.

Umbrella follows form.

Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Umbrella Liability: Meridian Design Build LLC. Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of the Additional Insureds.

CERTIFICATE HOLDER

CANCELLATION

Meridian Design Build LLC 9550 W. Higgins Road, Suite 400 Rosemont IL 60018	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/9/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C No. Ext): 630-355-2077 FAX (A/C No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 1811044531

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: HEARTLAND D/21530 SW FRONTAGE ROAD, SHOREWOOD, IL 60404. ADDITIONAL INSUREDS AS RESPECTS GENERAL LIABILITY & AUTO LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS AND UMBRELLA: MERIDIAN DESIGN BUILD LLC (CONTRACTOR); HEARTLAND D LLC (OWNER). A WAIVER OF SUBROGATION APPLIES TO GENERAL LIABILITY, AUTO, UMBRELLA AND WORKERS COMPENSATION POLICIES IN FAVOR OF THE ADDITIONAL INSURED. UMBRELLA EXTENDS OVER THE GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMPENSATION. COVERAGE IS EXCLUDED ON THE WORKERS COMP FOR TONY ZARLENGO (SECRETARY) AND MIKE RICHERT (PRES.) ENDORSEMENT FORMS ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

MERIDIAN DESIGN BUILD LLC
 9550 W HIGGINS ROAD, SUITE 400
 ROSEMONT IL 60018

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/12/2020

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C No. Ext): 630-355-2077 E-MAIL ADDRESS: COI@esserhayes.com FAX (A/C No): 630-355-7996														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 870212054

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Project #2002 Heartland Corporate Center Building D-Kenco Group TI, 21520 SW Frontage Road, Shorewood, IL 60404. Meridian Design Build LLC, Heartland D LLC (Owner) are named as Primary Non-Contributory Additional Insureds on General Liability, Auto Liability and Umbrella Liability. A Waiver of Subrogation applies to General Liability, Auto Liability and Workers Compensation in favor of the additional insureds. Umbrella follows form according to the policy terms and conditions and the attached Umbrella Schedule of Underlying. Excluded from Workers Compensation: Mike Richert and Anthony Zarlengo. Endorsement Forms Attached.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Meridian Design Build LLC
 9550 W. Higgins Road, Suite 400
 Rosemont IL 60018

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/12/2020

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com												
INSURER(S) AFFORDING COVERAGE													
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">INSURER A : Cincinnati Insurance Company</td> <td style="width: 50%;">NAIC # 10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER A : Cincinnati Insurance Company	NAIC # 10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES**CERTIFICATE NUMBER:** 870212054**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
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B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Meridian Design Build LLC
 9550 W. Higgins Road, Suite 400
 Rosemont IL 60018

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/2/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 E-MAIL: coi@esserhayes.com ADDRESS: FAX (A/C, No): 630-355-7996														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER D :															
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INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 334466755

REVISION NUMBER:

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Project #2001 - 760 North Ave Spec - 760 E North Avenue, Glendale Heights, IL, 60139
 Meridian Design Build LLC, MLRP 760 North LLC and ML Realty Partners, LLC are named as Primary Non-Contributory Additional Insureds on General Liability, Auto Liability and Umbrella Liability. A Waiver of Subrogation applies to General Liability, Auto Liability and Workers Compensation in favor of the additional insureds. Umbrella follows form according to the policy terms and conditions and the attached Umbrella Schedule of Underlying.
 Excluded from Workers Compensation: Mike Richert and Anthony Zarlengo.
 Endorsement Forms Attached.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Meridian Design Build LLC
 9550 W. Higgins Road, Suite 400
 Rosemont IL 60018

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1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 50



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/22/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Cincinnati Insurance Company NAIC # 10677	
INSURER B: The Cincinnati Indemnity Company 23280	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 217131321 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY		Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE	\$ 1,000,000			
	<input type="checkbox"/>	<input type="checkbox"/>	CLAIMS-MADE						<input checked="" type="checkbox"/>	OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	
	<input type="checkbox"/>								MED EXP (Any one person)	\$ 10,000			
	<input type="checkbox"/>								PERSONAL & ADV INJURY	\$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$ 2,000,000			
<input type="checkbox"/>	<input type="checkbox"/>	POLICY	<input checked="" type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC			PRODUCTS - COMP/OP AGG	\$ 2,000,000			
<input type="checkbox"/>	OTHER:									\$			
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY		Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
	<input type="checkbox"/>	ANY AUTO							BODILY INJURY (Per person)	\$			
	<input type="checkbox"/>	<input type="checkbox"/>	OWNED AUTOS ONLY						<input type="checkbox"/>	SCHEDULED AUTOS	BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HIRED AUTOS ONLY						<input checked="" type="checkbox"/>	NON-OWNED AUTOS ONLY	PROPERTY DAMAGE (Per accident)	\$	
	<input type="checkbox"/>	<input type="checkbox"/>										\$	
A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	UMBRELLA LIAB	<input checked="" type="checkbox"/>	OCCUR	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE	\$ 6,000,000	
	<input type="checkbox"/>	<input type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE						AGGREGATE	\$ 6,000,000	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DED	<input checked="" type="checkbox"/>	RETENTION \$						N/A	\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/>	PER STATUTE	<input type="checkbox"/>	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. EACH ACCIDENT	\$ 1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000			
									E.L. DISEASE - POLICY LIMIT	\$ 1,000,000			
A	Leased/Rented Equipment Special Form, ACV					ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000		Deductible: \$250		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Contract #: I370, Job Name: Turn3 Mundelein, Job Address: 907 East Orchard Mundelen, IL 60060
 ARCO/Murray National Tenant Solutions, Inc., Orchard Commercial Center, LLC ("Owner Entity"); Pangea Properties; Robert Zgonena are named as Primary Non-Contributory Additional Insureds on General Liability, Auto Liability & Umbrella Liability. A Waiver of Subrogation applies to General Liability, Umbrella Liability, Auto Liability and Workers Compensation in favor of the additional insureds and their officers, directors, shareholders, employees, agents, or appointed representatives. Endorsement Form(s) Attached.


CERTIFICATE HOLDER

ARCO/Murray National Tenant Solutions, Inc.
 3110 Woodcreek Drive
 Downers Grove IL 60515

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

[Signature]

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/17/2020

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 225087825

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> Y N/A	Y	Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: ARCO JOB #1343, INTENT TO HIRE - BROOKLYN BOULDERS - CLYBOURN, 2121 N. CLYBOURN, CHICAGO, IL 60614 - TRADE: OVERHEAD DOORS.

ADDITIONAL INSURED(S) ON GENERAL LIABILITY, AUTO LIABILITY AND UMBRELLA LIABILITY: ARCO MURRAY NATIONAL TENANT SOLUTIONS, INC.; NORTH SIDE CLIMBING GYM COMPANY LLC (D/B/A BROOKLYN BOULDERS CHICAGO) ("OWNER ENTITY"); FIFTH CONCERTO HOLDCO, INC.; NORTH SIDE CLIMBING CLUB LLC C/O FIFTH CONCERTO HOLDCO, INC.; MARKET SQUARE SHOPPING CENTER LLC C/O VINCIT CAPITAL MANAGEMENT, INC.

WAIVER OF SUBROGATION ON GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA LIABILITY AND WORKERS COMPENSATION APPLIES IN FAVOR OF THE ADDITIONAL INSURED(S).

ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER**CANCELLATION**

ARCO MURRAY NATIONAL TENANT SOLUTIONS, INC. 3110 WOODCREEK DRIVE DOWNERS GROVE, IL 60515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	---

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/17/2020

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: col@esserhayes.com
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	INSURER(S) AFFORDING COVERAGE
	INSURER A: Cincinnati Insurance Company
	INSURER B: The Cincinnati Indemnity Company
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES

CERTIFICATE NUMBER: 225087825

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: ARCO JOB #1343, INTENT TO HIRE - BROOKLYN BOULDERS - CLYBOURN, 2121 N. CLYBOURN, CHICAGO, IL 60614 - TRADE: OVERHEAD DOORS.
 ADDITIONAL INSURED(S) ON GENERAL LIABILITY, AUTO LIABILITY AND UMBRELLA LIABILITY: ARCO MURRAY NATIONAL TENANT SOLUTIONS, INC.; NORTH SIDE CLIMBING GYM COMPANY LLC (D/B/A BROOKLYN BOULDERS CHICAGO) ("OWNER ENTITY"); FIFTH CONCERTO HOLDCO, INC.; NORTH SIDE CLIMBING CLUB LLC C/O FIFTH CONCERTO HOLDCO, INC.; MARKET SQUARE SHOPPING CENTER LLC C/O VINCIT CAPITAL MANAGEMENT, INC.
 WAIVER OF SUBROGATION ON GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA LIABILITY AND WORKERS COMPENSATION APPLIES IN FAVOR OF THE ADDITIONAL INSURED(S).
 ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

ARCO MURRAY NATIONAL TENANT SOLUTIONS, INC. 3110 WOODCREEK DRIVE DOWNERS GROVE, IL 60515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/22/2020

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL: COI@esserhayes.com ADDRESS: <table style="width: 100%;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td style="text-align: center;">10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td style="text-align: center;">23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Cincinnati Insurance Company	10677														
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INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	MIDWDOC-01														

COVERAGES**CERTIFICATE NUMBER:** 217131321**REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <table style="width: 100%;"> <tr> <td><input type="checkbox"/> CLAIMS-MADE</td> <td><input checked="" type="checkbox"/> OCCUR</td> </tr> </table> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	Y	Y	ENP 0314304	3/13/2020	3/13/2021	<table style="width: 100%;"> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 500,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR																						
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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	<table style="width: 100%;"> <tr><td>EACH OCCURRENCE</td><td>\$ 6,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$ 6,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$ 6,000,000	AGGREGATE	\$ 6,000,000		\$										
EACH OCCURRENCE	\$ 6,000,000																						
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A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250																

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Contract #: I370, Job Name: Turn3 Mundelein, Job Address: 907 East Orchard Mundelen, IL 60060
 ARCO/Murray National Tenant Solutions, Inc., Orchard Commercial Center, LLC ("Owner Entity"); Pangea Properties; Robert Zgonena are named as Primary Non-Contributory Additional Insureds on General Liability, Auto Liability & Umbrella Liability. A Waiver of Subrogation applies to General Liability, Umbrella Liability, Auto Liability and Workers Compensation in favor of the additional insureds and their officers, directors, shareholders, employees, agents, or appointed representatives. Endorsement Form(s) Attached.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/Murray National Tenant Solutions, Inc.
 3110 Woodcreek Drive
 Downers Grove IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/7/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 1209568420

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2019	3/13/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2019	3/13/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2019	3/13/2020	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2019	3/13/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2019	3/13/2020	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: SUBCONTRACT # C358T_1001, JOB - CONTRACT #C358T - TRICORBRAUN TI, 825 VETERANS PKWY, SUITE A, BOLINGBROOK, IL. PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED(S) ON GENERAL LIABILITY AND AUTO LIABILITY WITH A WAIVER OF SUBROGATION ON GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMPENSATION APPLIES IN FAVOR OF THE ADDITIONAL INSURED(S): DIAMOND BOLINGBROOK LLC, DRI/CHI VETERANS POINT, L.L.C.), ITS AFFILIATES, OFFICERS, DIRECTORS AND EMPLOYEES OF ANY OF THEM, CHI/ACQUISITIONS L.P., CROW HOLDINGS INDUSTRIAL, AND ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC., CONTRACTOR ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC.) AND OWNER (DRI/CHI VETERANS POINT, L.L.C.)

CERTIFICATE HOLDER

CANCELLATION

ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC. 3110 WOODCREEK DRIVE DOWNERS GROVE, IL 60515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/20/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 1031690134

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
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A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250														

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: #P156 ASSEMBLERS MCCOOK BAR LAND, 8601 WEST 47TH ST, MCCOOK, IL 60525.

PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED ON GENERAL LIABILITY, AUTO LIABILITY AND ADDITIONAL INSURED ON UMBRELLA LIABILITY: ARCO/MURRAY NATIONAL PROCESS SOLUTIONS, INC; ASSEMBLERS, INC. WAIVER OF SUBROGATION ON GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA LIABILITY AND WORKERS COMPENSATION APPLIES IN FAVOR OF THE ADDITIONAL INSURED. ENDORSEMENT FORMS ATTACHED.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/MURRAY NATIONAL PROCESS SOLUTIONS, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE, IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/3/2020

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Kathy Waslewski PHONE (A/C, No. Ext): 630-908-5058 FAX (A/C, No): 630-908-4710 E-MAIL ADDRESS: kwas@mctrinka.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER F :															

COVERAGES **CERTIFICATE NUMBER: 217981170** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV		ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Subcontract #1380-1009, Contract/Job #1380, Cosentino, 801 Innovation Drive, Elk Grove Village, IL 60007 - Warehouse New Office Buildout and Warehouse Improvements.
 Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: ARCO/Murray National Tenant Solutions, Inc., EGTP Property Owner LLC, Brennan Management LLC
 Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of Additional Insured(s) and the Owner, Design/Builder, and their officers, directors, shareholders, employees, agents, or appointed representatives unless restricted by state statutes.
 Endorsement form(s) attached.

CERTIFICATE HOLDER

ARCO/Murray National Tenant Solutions, Inc. 3110 Woodcreek Drive Downers Grove, IL 60515
--

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/14/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Cincinnati Insurance Company	
INSURER B: The Cincinnati Indemnity Company	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 289746683 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$6,000,000 AGGREGATE \$6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Re: Subcontract #C470-1014, Job #C470, Vendor #57639, Frito Lay - Summit Expansion, 7700 Bulldog Drive, Summit, IL, 60501 - 28,273 SF 28,273 SF Warehouse Expansion.
 Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: ARCO/Murray National Construction Company, Inc. and Owner (Frito-Lay, Inc.), its subsidiaries, affiliates, directors, and officers.
 Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of the Additional Insured(s) and their shareholders, employees, agents, or appointed representatives unless restricted by state statutes.
 Endorsement form(s) attached.

CERTIFICATE HOLDER

CANCELLATION

ARCO/Murray National Construction Company, Inc. 3110 Woodcreek Drive Downers Grove, IL 60515	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/19/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Kathy Waslewski PHONE (A/C, No. Ext): 630-908-5058 FAX (A/C, No): 630-908-4710 E-MAIL ADDRESS: kwas@mctrinka.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Cincinnati Insurance Company	10677														
INSURER B: The Cincinnati Indemnity Company	23280														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 923348519**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$6,000,000 AGGREGATE \$6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Subcontract #C523-1000, Contract/Job #C523, Vendor #57639, Tricor Expansion, 825 Veterans Pkwy., Bolingbrook, IL 60440 - Bug Screens. Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: Diamond Bolingbrook LLC, DRI/CHI Veterans Point, L.L.C.), its affiliates, officers, directors and employees of any of them, CHI/Acquisitions, L.P., Crow Holdings Industrial and ARCO/Murray National Construction Company, Inc. Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of the Additional Insureds and the Owner, Design/Builder, and their officers, directors, shareholders, employees, agents, or appointed representatives unless restricted by state statutes. Endorsement form(s) attached.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/Murray National Construction Company, Inc. 3110 Woodcreek Drive Downers Grove, IL 60515	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Kathy Waslewski PHONE (A/C, No, Ext): 630-908-5058 FAX (A/C, No): 630-908-4710 E-MAIL ADDRESS: kwas@mctrinka.com
INSURER(S) AFFORDING COVERAGE	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	INSURER A: Cincinnati Insurance Company INSURER B: The Cincinnati Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:
MIDWDOC-01	NAIC # 10677 23280

COVERAGES
CERTIFICATE NUMBER: 1266448920

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Job - Contract #C471, Crow Holdings Merrillville, 9401 Georgia St. Merrillville, IN 46410.

Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: ARCO/Murray, National Construction Company, Inc., CRP/CHI Merrillville Owner, LLC, Ameriplex PRF, LLC and CHI/Acquisitions, LP.

Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of the Additional Insured(s) and the Owner, Design/Builder, and their officers, directors, shareholders, employees, agents, or appointed representatives unless restricted by state statutes.

CERTIFICATE HOLDER
CANCELLATION

ARCO/Murray National Construction Company, Inc. 3110 Woodcreek Drive Downers Grove, IL 60515	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/20/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No. Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
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INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 1031690134

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <div style="margin-left: 20px;"> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR </div> <div style="margin-left: 20px;"> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: </div>	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <div style="margin-left: 20px;"> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS </div> <div style="margin-left: 20px;"> <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS </div>	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: #P156 ASSEMBLERS MCCOOK BAR LAND, 8601 WEST 47TH ST, MCCOOK, IL 60525.

PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED(S) ON GENERAL LIABILITY, AUTO LIABILITY AND ADDITIONAL INSURED(S) ON UMBRELLA LIABILITY: ARCO/MURRAY NATIONAL PROCESS SOLUTIONS, INC; ASSEMBLERS, INC. WAIVER OF SUBROGATION ON GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA LIABILITY AND WORKERS COMPENSATION APPLIES IN FAVOR OF THE ADDITIONAL INSURED(S). ENDORSEMENT FORMS ATTACHED.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/MURRAY NATIONAL PROCESS SOLUTIONS, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE, IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Cincinnati Insurance Company	
INSURER B: The Cincinnati Indemnity Company	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 46627992 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: CONTRACT #1194 - MIDWAY FAST PARK, 5507 S. ARCHER AVENUE, CHICAGO, IL 60638.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED ON GENERAL LIABILITY, AUTO LIABILITY AND UMBRELLA LIABILITY: ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC.; CP-MIDWAY BUSINESS CENTER LLC; CP-MIDWAY BUSINESS CENTER MANAGER, LLC; PARKING COMPANY OF AMERICA, INC., AND OTHER PARTIES DESIGNATED BY OWNER.
 WAIVER OF SUBROGATION ON GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA LIABILITY AND WORKERS COMPENSATION IN FAVOR OF OWNER, DESIGN/BUILDER, AND THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS, OR APPOINTED REPRESENTATIVES.
 ENDORSEMENT FORMS ATTACHED.

CERTIFICATE HOLDER ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC. 3110 WOODCREEK DRIVE DOWNERS GROVE, IL 60515	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	INSURER A: Cincinnati Insurance Company INSURER B: The Cincinnati Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 127432423**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: #1245 SYSCO FOOD-HUB OFFICE, 501 S WOLF ROAD, DES PLAINES, IL.
 ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC AND SYSCO CHICAGO, INC. ARE ADDITIONAL INSURED FOR GENERAL LIABILITY, AUTO LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS AND UMBRELLA. WAIVER OF SUBROGATION ALSO APPLIES ON THE GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA AND WORKERS COMPENSATION IN FAVOR OF ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC AND SYSCO CHICAGO, INC.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

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IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No. Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES**CERTIFICATE NUMBER:** 807482256**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Job#: I299 - BrandSafway - 5000 S. Homan Avenue, Chicago, IL
 ARCO/Murray National Tenant Solutions, Inc.; BrandSafway Industries, LLC are named as Primary Non-Contributory Additional Insureds on General Liability and Auto Liability & Additional Insureds on Umbrella Liability. A Waiver of Subrogation applies to General Liability in favor of the additional insureds.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/Murray National Tenant Solutions, Inc.
 3110 Woodcreek Drive
 Downers Grove IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Cincinnati Insurance Company	
INSURER B: The Cincinnati Indemnity Company	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 830016397** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: JOB #1321, SUBCONTRACT #1321-1005, VENDOR #57639, CSI #08-1100, PAPER TIGERS, 7220 SANTA FE DRIVE, HODGKINS, IL 60525. PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED(S) ON GENERAL LIABILITY, AUTO LIABILITY AND ADDITIONAL INSURED(S) ON UMBRELLA LIABILITY: SANTA FE INDUSTRIAL INVESTORS, LLC ("OWNER ENTITY"); VILLAGE OF HODGKINS; UBS REALTY INVESTORS, LLC; NAI HIFFMAN ASSET MANAGEMENT, LLC (MANAGING AGENT), CONTRACTOR ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC. AND OWNER (SANTA FE INDUSTRIAL INVESTORS, LLC C/O NAI HIFFMAN ASSET MANAGEMENT, LLC). WAIVER OF SUBROGATION ON GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA LIABILITY AND WORKERS COMPENSATION APPLIES IN FAVOR OF THE ADDITIONAL INSURED(S) AND THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS, OR APPOINTED REPRESENTATIVES. ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC. 3110 WOODCREEK DRIVE DOWNERS GROVE, IL 60515	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES **CERTIFICATE NUMBER:** 1134290356 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: JOB #1296 1020 N ELSTON CHICAGO, IL 60642.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED ON GENERAL LIABILITY, AUTO LIABILITY AND ADDITIONAL INSURED ON UMBRELLA LIABILITY: ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC., SKYFALL OWNER LLC, THEIR MEMBERS, MANAGERS, DIRECTORS, OFFICERS, EMPLOYEES, AFFILIATES, SUCCESSORS, AND ASSIGNS (OWNER ENTITIES) AND NORTHBROOK BANK & TRUST COMPANY. WAIVER OF SUBROGATION ON GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA LIABILITY AND WORKERS COMPENSATION APPLIES IN FAVOR OF THE ADDITIONAL INSURED. ENDORSEMENT FORMS ATTACHED.

CERTIFICATE HOLDER

ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE, IL 60515

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Cincinnati Insurance Company	
INSURER B: The Cincinnati Indemnity Company	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1290902559 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021
						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021
						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021
						EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	Y	EWC 0314305	3/13/2020	3/13/2021
						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021
						Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: #1223 1640 W CARROLL AVE, CHICAGO, IL 60612-INTERIOR & EXTERIOR RENOVATION. ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC, PEPPERCORN 1640, LLC; PEPPERCORN CAPITAL, LLC, JEFFREY SELL ASSOCIATES, INC AND WDN ARCHITECTURE, LLC ARE ADDITIONAL INSURED FOR GENERAL LIABILITY, AUTO LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS AND UMBRELLA. WAIVER OF SUBROGATION ALSO APPLIES ON THE GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA AND WORKERS COMPENSATION IN FAVOR OF ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC, PEPPERCORN 1640, LLC, PEPPERCORN CAPITAL, LLC, JEFFREY SELL ASSOCIATES, INC AND WDN ARCHITECTURE, LLC.

CERTIFICATE HOLDER
CANCELLATION

ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 1445536648

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <div style="text-align: right;">Y/N <input checked="" type="checkbox"/> Y N/A</div>	Y		EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: CONTRACT #1311, PROJECT MULLIGAN, 3030 CULLERTON STREET, FRANKLIN PARK, IL 60131.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED(S) ON GENERAL LIABILITY AND ADDITIONAL INSURED(S) ON AUTO LIABILITY & UMBRELLA LIABILITY: ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC., WMI CHICAGO, LLC, WESTMOUNT REALTY GROUP, LLC AND WESTMOUNT REALTY CAPITAL, LLC, ADVANCE ELECTRICAL SUPPLY CO., COLLIERS INTERNATIONAL.
 WAIVER OF SUBROGATION ON GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA LIABILITY AND WORKERS COMPENSATION IN FAVOR OF OWNER, DESIGN/BUILDER, AND THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS, OR APPOINTED REPRESENTATIVES.
 ENDORSEMENT FORMS ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC. 3110 WOODCREEK DRIVE DOWNERS GROVE, IL 60515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	---

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	INSURER A: Cincinnati Insurance Company INSURER B: The Cincinnati Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:
MIDWE11	NAIC # 10677 23280

COVERAGES**CERTIFICATE NUMBER:** 1542406518**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: CONTRACT #1278, GRAYMONT OFFICE REMODEL, 1621 W. CARROLL CHICAGO, IL 60612.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED ON GENERAL LIABILITY AND ADDITIONAL INSURED ON AUTO LIABILITY & UMBRELLA LIABILITY: OWNER; ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC. AND GRAYMONT EQUIPMENT DISTRIBUTION, LLC
 WAIVER OF SUBROGATION ON GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA LIABILITY AND WORKERS COMPENSATION APPLIES IN FAVOR OF OWNER, DESIGN/BUILDER, AND THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS, OR APPOINTED REPRESENTATIVES.
 ENDORSEMENT FORMS ATTACHED.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE, IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES **CERTIFICATE NUMBER: 2128002753** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: CONTRACT #1246, NEUCO- EXTERIOR, 515 CROSSROADS PARKWAY, BOLINGBROOK, IL 60440.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSUREDS ON GENERAL LIABILITY, AUTO LIABILITY AND ADDITIONAL INSURED ON UMBRELLA LIABILITY: ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC., LTC REAL ESTATE LLC AND NEUCO INC. WAIVER OF SUBROGATION AS IT PERTAINS TO GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMPENSATION IN FAVOR OF ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC., LTC REAL ESTATE LLC AND NEUCO INC AND THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS, OR APPOINTED REPRESENTATIVES. ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER

ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE, IL 60515

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/22/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 217131321

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <div style="margin-left: 20px;"> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR </div> <div style="margin-left: 20px;"> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: </div>	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <div style="margin-left: 20px;"> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY </div>	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <div style="margin-left: 20px;"> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A </div>	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Contract #: I370, Job Name: Turn3 Mundelein, Job Address: 907 East Orchard Mundelen, IL 60060
 ARCO/Murray National Tenant Solutions, Inc., Orchard Commercial Center, LLC ("Owner Entity"); Pangea Properties; Robert Zgonena are named as Primary Non-Contributory Additional Insureds on General Liability, Auto Liability & Umbrella Liability. A Waiver of Subrogation applies to General Liability, Umbrella Liability, Auto Liability and Workers Compensation in favor of the additional insureds and their officers, directors, shareholders, employees, agents, or appointed representatives. Endorsement Form(s) Attached.

CERTIFICATE HOLDER

CANCELLATION

ARCO/Murray National Tenant Solutions, Inc.
 3110 Woodcreek Drive
 Downers Grove IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/30/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No. Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Cincinnati Insurance Company NAIC # 10677	
INSURER B: The Cincinnati Indemnity Company NAIC # 23280	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
 Midwest Dock Solutions
 27 East 36th Place
 Steger IL 60475

MIDWDOC-01

COVERAGES**CERTIFICATE NUMBER:** 204711876**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Contract # 1363, Continental Paper Grading, 7250 Santa Fe Drive, Hodgkins, IL 60525.

Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: ARCO/Murray National Tenant Solutions, Inc., Santa Fe Industrial Investors, LLC ("Owner Entity"); UBS Realty Investors, LLC; NAI Hiffman Asset Management, LLC (Managing Agent) and Village of Hodgkins.

Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of Additional Insured(s) for and the Owner, Design/Builder, and their officers, directors, shareholders, employees, agents, or appointed representatives unless restricted by state statutes.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/Murray National Tenant Solutions, Inc.
 3110 Woodcreek Drive
 Downers Grove, IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/18/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Kathy Wasiewski PHONE (A/C, No. Ext): 630-908-5058 FAX (A/C, No): 630-908-4710 E-MAIL ADDRESS: kwas@mctrinka.com
INSURER(S) AFFORDING COVERAGE	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	INSURER A: Cincinnati Insurance Company INSURER B: The Cincinnati Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:
MIDWDOC-01	NAIC # 10677 23280

COVERAGES**CERTIFICATE NUMBER:** 329905164**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Contract #1377, ClearFlame Engines Geneva, 2633 Kaneville Court Geneva, IL 60134.

Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: ARCO/Murray National Tenant Solutions, Inc., ClearFlame Engine Technologies, Inc and Owner. Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of the Additional Insured's and the Owner, Design/Builder, and their officers, directors, shareholders, employees, agents, or appointed representatives unless restricted by state statutes

Endorsement form(s) attached.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/Murray National Tenant Solutions, Inc.
 3110 Woodcreek Drive
 Downers Grove, IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/5/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Kathy Waslewski PHONE (A/C, No. Ext): 630-908-5058 FAX (A/C, No): 630-908-4710 E-MAIL ADDRESS: kwas@mctrinka.com												
INSURER(S) AFFORDING COVERAGE													
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A : Cincinnati Insurance Company</td> <td style="width: 20%; text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td style="text-align: center;">10677</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER A : Cincinnati Insurance Company	NAIC #	INSURER B : The Cincinnati Indemnity Company	10677	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER A : Cincinnati Insurance Company	NAIC #												
INSURER B : The Cincinnati Indemnity Company	10677												
INSURER C :													
INSURER D :													
INSURER E :													
INSURER F :													

COVERAGES **CERTIFICATE NUMBER:** 321797632 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Contract #1390, Vendor #57639, subcontract #1390-1004, G/L #5060, AIM -3711 S. Ashland, 3711 S. Ashland Avenue, Chicago, IL 60609.
 Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: ARCO/Murray National Tenant Solutions, Inc., Technical Education Services, Inc. d/b/a Aviation Institute of Maintenance, Logistics Property Company and Jones Lang LaSalle, Design/Builder and their officers, directors, shareholders, employees, agents, or appointed representatives.
 Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of the Additional Insureds.
 Endorsement form(s) attached.

CERTIFICATE HOLDER

ARCO/Murray National Tenant Solutions, Inc. 3110 Woodcreek Drive Downers Grove, IL 60515
--

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/8/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Kathy Waslewski PHONE (A/C, No. Ext): 630-908-5058 FAX (A/C, No): 630-908-4710 E-MAIL ADDRESS: kwas@mctrinka.com												
INSURER(S) AFFORDING COVERAGE													
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A : Cincinnati Insurance Company</td> <td style="width: 20%; text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td style="text-align: center;">10677</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER A : Cincinnati Insurance Company	NAIC #	INSURER B : The Cincinnati Indemnity Company	10677	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER D :													
INSURER E :													
INSURER F :													

COVERAGES**CERTIFICATE NUMBER:** 1314121640**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Subcontract #1390-1004, Contract #1390, Vendor #57639, AIM -3711 S. Ashland, 3711 S. Ashland Avenue, Chicago, IL 60609.
 Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: ARCO/Murray National Tenant Solutions, Inc., Technical Education Services, Inc. d/b/a Aviation Institute of Maintenance, Logistics Property Company and Jones Lang LaSalle.
 Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of the Additional Insured(s) and their shareholders, employees, agents, or appointed representatives unless restricted by state statutes.
 Endorsement form(s) attached.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/Murray National Tenant Solutions, Inc.
 3110 Woodcreek Drive
 Downers Grove, IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No. Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER C :															
INSURER D :															
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INSURER F :															

COVERAGES **CERTIFICATE NUMBER:** 1348268515 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: SUBCONTRACT #C327-1013, JOB #C327, CSI #08-1100, VENDOR #57639 - CROW HOLDINGS INDUSTRIAL - FRANKLIN PARK SPECULATIVE WAREHOUSE, 3311 CHARLES STREET, FRANKLIN PARK, IL 60131.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED(S) ON GENERAL LIABILITY AND ADDITIONAL INSURED(S) ON AUTO LIABILITY AND UMBRELLA LIABILITY: CROW HOLDINGS INDUSTRIAL; 3311 CHARLES, L.L.C. (OWNER); ASSOCIATED BANK, NATIONAL ASSOCIATION ISAOA, P.O. BOX 12768 - GREEN BAY, WI 54307 AND ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC. (CONTRACTOR) AND THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS, OR APPOINTED REPRESENTATIVES.
 WAIVER OF SUBROGATION AS IT PERTAINS TO GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA LIABILITY AND WORKERS COMPENSATION IN FAVOR OF THE ADDITIONAL INSURED(S).

CERTIFICATE HOLDER

ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE, IL 60515

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No. Ext): 630-355-2077 FAX (A/C, No.): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES**CERTIFICATE NUMBER:** 1508902163**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N/A	Y		EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: CONTRACT #C358, SUBCONTRACT #C358-1016, VENDOR #57639, CROW HOLDINGS LAMBERT BOLINGBROOK, 775 VETERANS PKWY; 825 VETERANS PKWY; 875 WINDHAM PKWY; 850 WINDHAM BOLINGBROOK, IL.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSUREDS ON GENERAL LIABILITY AND ADDITIONAL INSUREDS ON AUTO LIABILITY & UMBRELLA LIABILITY: DIAMOND BOLINGBROOK LLC, DRI/CHI VETERANS POINT, L.L.C., ITS AFFILIATES, OFFICERS, DIRECTORS AND EMPLOYEES OF ANY OF THEM, CHI/ACQUISITIONS L.P., CROW HOLDINGS INDUSTRIAL, AND ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC., CONTRACTOR (ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC.) AND OWNER (DRI/CHI VETERANS POINT, L.L.C.)
 WAIVER OF SUBROGATION ON GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA LIABILITY AND WORKERS COMPENSATION APPLIES IN FAVOR OF OWNER, DESIGN/BUILDER, AND THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS, OR APPOINTED
 See Attached...

CERTIFICATE HOLDER**CANCELLATION**

ARCO/MURRAY NATIONAL CONSTRUCTION
 COMPANY, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE, IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: MIDWE11

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Esser Hayes Insurance Group		NAMED INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCEREPRESENTATIVES.
ENDORSEMENT FORMS ATTACHED.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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COVERAGES

CERTIFICATE NUMBER: 1840879374

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 JOB: #C181 990 VETERANS PARKWAY. ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC., VETERANS PARKWAY-BOLINGBROOK LLC (OWNER) AND DISTRIBUTION REALTY GROUP, LLC ARE ADDITIONAL INSUREDS FOR GENERAL LIABILITY, AUTO LIABILITY AND UMBRELLA ON A PRIMARY & NON-CONTRIBUTORY BASIS. WAIVER OF SUBROGATION ALSO APPLIES ON THE GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA AND WORKERS COMPENSATION IN FAVOR OF VETERANS PARKWAY-BOLINGBROOK LLC AND ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC. AND THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS OR APPOINTED REPRESENTATIVES.

CERTIFICATE HOLDER

CANCELLATION

ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC. 3110 WOODCREEK DRIVE DOWNERS GROVE IL 60515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No. Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER E :															
INSURER F :															

COVERAGES**CERTIFICATE NUMBER:** 2030351947**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: C313 CROW HOLDINGS INDUSTRIAL CHANNAHON SPECULATIVE WAREHOUSE.
 CROW HOLDINGS INDUSTRIAL; CHI/ACQUISITIONS L.P.; CHANNAHON CC, L.L.C., A DELAWARE LIMITED COMPANY, C/O WEIL, GOTSHALL & MANGES LLP; MORTGAGEE CLAUSE BOKF, NA DBA BANK OF TEXAS ATTN: INSURANCE MONITORING; MARK K. CLARK REVOCABLE TRUST; JACQUELINE R. HESS REVOCABLE TRUST; ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC ARE ADDITIONAL INSURED FOR GENERAL LIABILITY AND AUTO LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS & UMBRELLA. WAIVER OF SUBROGATION ALSO APPLIES ON THE GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA AND WORKERS COMPENSATION IN FAVOR OF THE ADDITIONAL INSURED.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/MURRAY NATIONAL CONSTRUCTION
 COMPANY, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/26/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	INSURER A: Cincinnati Insurance Company INSURER B: The Cincinnati Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:
MIDWDOC-01	NAIC #
	10677
	23280

COVERAGES **CERTIFICATE NUMBER:** 132607929 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021
						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021
						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021
						EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021
						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021
						Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Contract #C468 - IGM Elk Grove - 2400 Greenleaf Avenue, Elk Grove Village, IL 60007.
 Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: ARCO/Murray National Construction Company, Inc., IL Grown Medicine LLC, 2400 Greenleaf Partners LLC and Kinzie Properties
 Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of the Additional Insureds and the Owner, Design/Builder, and their officers, directors, shareholders, employees, agents, or appointed representatives unless restricted by state statutes
 Endorsement form(s) attached.

CERTIFICATE HOLDER

CANCELLATION

ARCO/Murray National Construction Company, Inc.
 3110 Woodcreek Drive
 Downers Grove, IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/17/2020

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: col@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:															
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INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 225087825

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <div style="margin-left: 20px;"> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: </div>	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <div style="margin-left: 20px;"> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS </div>	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$ 1,000,000 E.I. DISEASE - EA EMPLOYEE \$ 1,000,000 E.I. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input type="checkbox"/> Leased/Rented Equipment <input type="checkbox"/> Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: ARCO JOB #1343, INTENT TO HIRE - BROOKLYN BOULDERS - CLYBOURN, 2121 N. CLYBOURN, CHICAGO, IL 60614 - TRADE: OVERHEAD DOORS.
 ADDITIONAL INSURED(S) ON GENERAL LIABILITY, AUTO LIABILITY AND UMBRELLA LIABILITY: ARCO MURRAY NATIONAL TENANT SOLUTIONS, INC.; NORTH SIDE CLIMBING GYM COMPANY LLC (D/B/A BROOKLYN BOULDERS CHICAGO) ("OWNER ENTITY"); FIFTH CONCERTO HOLDCO, INC.; NORTH SIDE CLIMBING CLUB LLC C/O FIFTH CONCERTO HOLDCO, INC.; MARKET SQUARE SHOPPING CENTER LLC C/O VINCIT CAPITAL MANAGEMENT, INC.
 WAIVER OF SUBROGATION ON GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA LIABILITY AND WORKERS COMPENSATION APPLIES IN FAVOR OF THE ADDITIONAL INSURED(S).
 ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

ARCO MURRAY NATIONAL TENANT SOLUTIONS, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE, IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No. Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
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COVERAGES **CERTIFICATE NUMBER:** 1480862129 **REVISION NUMBER:**

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 500,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
EACH OCCURRENCE	\$ 1,000,000																				
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A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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AGGREGATE	\$ 6,000,000																				
	\$																				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <div style="float: right;"> Y / N <input checked="" type="checkbox"/> Y N / A </div>	Y		EWC 0314305	3/13/2020	3/13/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td>\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td>\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td>\$ 1,000,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT		\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000	E.L. DISEASE - POLICY LIMIT		\$ 1,000,000		
<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER																				
E.L. EACH ACCIDENT		\$ 1,000,000																			
E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000																			
E.L. DISEASE - POLICY LIMIT		\$ 1,000,000																			
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250														

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 JOB: #1 177 GRAYMONT MEDICAL, 1621 W CARROLL, CHICAGO, IL. ARCO/MURRAY NATIONAL CHICAGO, INC AND GRAYMONT PROPERTIES LLC ARE ADDITIONAL INSURED FOR GENERAL LIABILITY, AUTO LIABILITY AND UMBRELLA ON A PRIMARY & NON-CONTRIBUTORY BASIS. WAIVER OF SUBROGATION ALSO APPLIES ON THE GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA AND WORKERS COMPENSATION IN FAVOR OF GRAYMONT PROPERTIES LLC AND ARCO/MURRAY NATIONAL CHICAGO, INC AND THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS OR APPOINTED REPRESENTATIVES.

CERTIFICATE HOLDER

ARCO/MURRAY NATIONAL CHICAGO, INC. 3110 WOODCREEK DRIVE DOWNERS GROVE IL 60515
--

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No. Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Insurance Company INSURER B: The Cincinnati Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 1536950178

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: #1201 NOVOLEX MCCOOK, 9500 WEST 55TH STREET, SUITE B, MCCOOK, IL 60525. ARCO/MURRAY NATIONAL CHICAGO, INC. WEST 55TH STREET INVESTORS, LLC (OWNER ENTITY), NAI HIFFMAN ASSET MANAGEMENT, LLC (AS AGENT), AND UBS REALTY INVESTORS, LLC ARE ADDITIONAL INSURED FOR GENERAL LIABILITY, AUTO LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS AND UMBRELLA. WAIVER OF SUBROGATION ALSO APPLIES ON THE GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA AND WORKERS COMPENSATION IN FAVOR OF ARCO/MURRAY NATIONAL CHICAGO, INC. WEST 55TH STREET INVESTORS, LLC (OWNER ENTITY), NAI HIFFMAN ASSET MANAGEMENT, LLC (AS AGENT), AND UBS REALTY INVESTORS, LLC AND THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS OR APPOINTED REPRESENTATIVES.

CERTIFICATE HOLDER

CANCELLATION

ARCO/MURRAY NATIONAL CHICAGO, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	INSURER A: Cincinnati Insurance Company INSURER B: The Cincinnati Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:
MIDWE11	NAIC # 10677 23280

COVERAGES**CERTIFICATE NUMBER:** 1706288951**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: #1193 LIMITLESS COFFEE & TEA, 1500 W CARROLL, SUITE 100B, CHICAGO, IL 60607. ARCO/MURRAY NATIONAL CHICAGO, INC AND LIMITLESS COFFEE, LLC ARE ADDITIONAL INSURED FOR GENERAL LIABILITY, AUTO LIABILITY AND UMBRELLA ON A PRIMARY & NON-CONTRIBUTORY BASIS. WAIVER OF SUBROGATION ALSO APPLIES ON THE GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA AND WORKERS COMPENSATION IN FAVOR OF LIMITLESS COFFEE, LLC AND ARCO/MURRAY NATIONAL CHICAGO, INC AND THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS OR APPOINTED REPRESENTATIVES.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/MURRAY NATIONAL CHICAGO, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/7/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES**CERTIFICATE NUMBER:** 1209568420**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2019	3/13/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2019	3/13/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2019	3/13/2020	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	EWC 0314305	3/13/2019	3/13/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$ 1,000,000 E.I. DISEASE - EA EMPLOYEE \$ 1,000,000 E.I. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2019	3/13/2020	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: SUBCONTRACT # C358T 1001, JOB - CONTRACT #C358T - TRICORBRAUN TI, 825 VETERANS PKWY, SUITE A, BOLINGBROOK, IL. PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED(S) ON GENERAL LIABILITY AND AUTO LIABILITY WITH A WAIVER OF SUBROGATION ON GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMPENSATION APPLIES IN FAVOR OF THE ADDITIONAL INSURED: DIAMOND BOLINGBROOK LLC, DRI/CHI VETERANS POINT, L.L.C.), ITS AFFILIATES, OFFICERS, DIRECTORS AND EMPLOYEES OF ANY OF THEM, CHI/ACQUISITIONS L.P., CROW HOLDINGS INDUSTRIAL, AND ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC., CONTRACTOR ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC.) AND OWNER (DRI/CHI VETERANS POINT, L.L.C.)

CERTIFICATE HOLDER**CANCELLATION**

ARCO/MURRAY NATIONAL CONSTRUCTION
 COMPANY, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE, IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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DATE (MM/DD/YYYY)

3/16/2020

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
	<table border="1"> <thead> <tr> <th data-bbox="808 367 1398 373">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1398 367 1515 373">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="808 373 1398 380">INSURER A : Cincinnati Insurance Company</td> <td data-bbox="1398 373 1515 380">10677</td> </tr> <tr> <td data-bbox="808 380 1398 386">INSURER B : The Cincinnati Indemnity Company</td> <td data-bbox="1398 380 1515 386">23280</td> </tr> <tr> <td data-bbox="808 386 1398 392">INSURER C :</td> <td data-bbox="1398 386 1515 392"></td> </tr> <tr> <td data-bbox="808 392 1398 399">INSURER D :</td> <td data-bbox="1398 392 1515 399"></td> </tr> <tr> <td data-bbox="808 399 1398 405">INSURER E :</td> <td data-bbox="1398 399 1515 405"></td> </tr> <tr> <td data-bbox="808 405 1398 411">INSURER F :</td> <td data-bbox="1398 405 1515 411"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
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INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	MIDWE11														

REVISION NUMBER:

INSR LTR	TYPE OF INSURANCE			ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY		Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
	<input type="checkbox"/>								MED EXP (Any one person)	\$ 10,000
	<input type="checkbox"/>								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/>	POLICY	<input checked="" type="checkbox"/> PROJECT	<input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/>	OTHER:								\$
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY		Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/>	ANY AUTO							BODILY INJURY (Per person)	\$
	<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/>	HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>									\$
A	<input checked="" type="checkbox"/>	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE	\$ 6,000,000
	<input type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 6,000,000
	<input type="checkbox"/>	DED	<input checked="" type="checkbox"/> RETENTION \$ N/A							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Y	Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			<input checked="" type="checkbox"/> Y	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
									E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV					ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000	Deductible: \$250

JOB: #CP4790 EXETER LOCKPORT, 163RD STREET, LOCKPORT, IL.
ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY INC AND EXETER PROPERTY GROUP ARE ADDITIONAL INSURED FOR GENERAL LIABILITY, AUTO LIABILITY AND UMBRELLA ON A PRIMARY & NON-CONTRIBUTORY BASIS. WAIVER OF SUBROGATION ALSO APPLIES ON THE GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA AND WORKERS COMPENSATION IN FAVOR OF EXETER PROPERTY GROUP AND ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC AND THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS OR APPOINTED REPRESENTATIVES.

CANCELLATION

<p>ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC. 3110 WOODCREEK DRIVE DOWNERS GROVE IL 60515</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
	<p>AUTHORIZED REPRESENTATIVE</p> 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	INSURER A: Cincinnati Insurance Company INSURER B: The Cincinnati Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:
MIDWE11	NAIC #
	10677
	23280

COVERAGES**CERTIFICATE NUMBER:** 421594669**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: SUBCONTRACT #C301-1008, JOB #C301- DRG 220 N. YORK ROAD, 190,000 SF SPEC. WAREHOUSE, 220 N. YORK ROAD, BENSENVILLE, IL 60106.

PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED ON GENERAL LIABILITY & ADDITIONAL INSURED ON AUTO LIABILITY AND UMBRELLA LIABILITY: ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC.; DRG LLC; EWA CHICAGO YORK OWNER, LLC (OWNER ENTITY); DRG ILLINOIS DEVELOPMENT II, LLC AND DISTRIBUTION REALTY GROUP, LLC.

WAIVER OF SUBROGATION AS IT PERTAINS TO GENERAL LIABILITY AND WORKERS COMPENSATION IN FAVOR DRG, LLC; ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC. AND THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS, OR APPOINTED REPRESENTATIVES. ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/MURRAY NATIONAL CONSTRUCTION
 COMPANY, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE, IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/16/2020

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	INSURER A: Cincinnati Insurance Company INSURER B: The Cincinnati Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 475649694

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EVC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: #C207 CENTRUM 606, 1767 N MILWAUKEE, CHICAGO, IL 60647. ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC., MILWAUKEE LEAVITT OWNER, LLC; NRG MILWAUKEE LEAVITT, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY; CP2 MANAGEMENT LLC, AN ILLINOIS LIMITED LIABILITY COMPANY; FIRST MIDWEST BANK, ITS SUCCESSORS AND ASSIGNS ARE ADDITIONAL INSURED FOR GENERAL LIABILITY, AUTO LIABILITY AND UMBRELLA ON A PRIMARY & NON-CONTRIBUTORY BASIS. WAIVER OF SUBROGATION ALSO APPLIES ON THE GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA AND WORKERS COMPENSATION IN FAVOR OF ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC; MILWAUKEE LEAVITT OWNER, LLC; NRG MILWAUKEE LEAVITT, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY; CP2 MANAGEMENT LLC, AN ILLINOIS LIMITED LIABILITY COMPANY; FIRST MIDWEST BANK, ITS SUCCESSORS AND ASSIGNS.

CERTIFICATE HOLDER

CANCELLATION

ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC. 3110 WOODCREEK DRIVE DOWNERS GROVE IL 60515	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C No, Ext): 630-355-2077 FAX (A/C No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES **CERTIFICATE NUMBER: 779738330** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 JOB: #C244 CHANCELLORY DISTRIBUTION CENTER, 1500 N MICHAEL DRIVE, WOOD DALE, IL 60191. ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC., DISTRIBUTION REALTY GROUP, LLC; DRG REALTY GROUP, LLC ARE ADDITIONAL INSURED FOR GENERAL LIABILITY AND AUTO LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS & UMBRELLA. WAIVER OF SUBROGATION ALSO APPLIES ON THE GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA AND WORKERS COMPENSATION IN FAVOR OF ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC; DISTRIBUTION REALTY GROUP, LLC; DRG REALTY GROUP, LLC.

CERTIFICATE HOLDER

ARCO/MURRAY NATIONAL CONSTRUCTION
 COMPANY, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE IL 60515

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

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3/16/2020

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IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No. Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES**CERTIFICATE NUMBER:** 832180390**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> Y N/A		Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 JOB: C369 1500 N MICHAEL-SNYDER'S LANCE TI, 1500 N MICHAEL DRIVE, WOOD DALE, IL 60191. ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC; DISTRIBUTION REALTY GROUP LLC, CH REALTY VII-DRG CHICAGO; NORTH MICHAEL, LLC; S-L DISTRIBUTION COMPANY, LLC ARE ADDITIONAL INSURED FOR GENERAL LIABILITY AND AUTO LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS & UMBRELLA. WAIVER OF SUBROGATION ALSO APPLIES ON THE GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA AND WORKERS COMPENSATION IN FAVOR OF THE ADDITIONAL INSURED.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/MURRAY NATIONAL CONSTRUCTION
 COMPANY, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES **CERTIFICATE NUMBER:** 928510285 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 JOB: C289 MCP PORTAGE, 6750 DANIEL BURNHAM DRIVE, PORTAGE, IN 46368. ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC. AND MCP USA, INC. ARE ADDITIONAL INSURED FOR GENERAL LIABILITY AND AUTO LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS & UMBRELLA. WAIVER OF SUBROGATION ALSO APPLIES ON THE GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA AND WORKERS COMPENSATION IN FAVOR OF ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC AND MCP USA, INC.

CERTIFICATE HOLDER

CANCELLATION

ARCO/MURRAY NATIONAL CONSTRUCTION
 COMPANY, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL: coi@esserhayes.com ADDRESS:
INSURER(S) AFFORDING COVERAGE	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	INSURER A : Cincinnati Insurance Company INSURER B : The Cincinnati Indemnity Company INSURER C : INSURER D : INSURER E : INSURER F :
MIDWE11	NAIC # 10677 23280

COVERAGES**CERTIFICATE NUMBER:** 1019640509**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: SUBCONTRACT # C358T 1001, JOB - CONTRACT #C358T - TRICORBRAUN TI, 825 VETERANS PKWY, SUITE A, BOLINGBROOK, IL.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED(S) ON GENERAL LIABILITY AND AUTO LIABILITY WITH A WAIVER OF SUBROGATION ON GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMPENSATION APPLIES IN FAVOR OF THE ADDITIONAL INSUREDS: DIAMOND BOLINGBROOK LLC, DRI/CHI VETERANS POINT, L.L.C., ITS AFFILIATES, OFFICERS, DIRECTORS AND EMPLOYEES OF ANY OF THEM, CHI/ACQUISITIONS L.P., CROW HOLDINGS INDUSTRIAL, AND ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC., CONTRACTOR ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC.) AND OWNER (DRI/CHI VETERANS POINT, L.L.C.)

CERTIFICATE HOLDER**CANCELLATION**

ARCO/MURRAY NATIONAL CONSTRUCTION
 COMPANY, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE, IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/7/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: col@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Cincinnati Insurance Company	10677														
INSURER B: The Cincinnati Indemnity Company	23280														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 1209568420

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2019	3/13/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2019	3/13/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2019	3/13/2020	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	Y	EWC 0314305	3/13/2019	3/13/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2019	3/13/2020	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: SUBCONTRACT # C358T 1001, JOB - CONTRACT #C358T - TRICORBRAUN TI, 825 VETERANS PKWY, SUITE A, BOLINGBROOK, IL. PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED(S) ON GENERAL LIABILITY AND AUTO LIABILITY WITH A WAIVER OF SUBROGATION ON GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMPENSATION APPLIES IN FAVOR OF THE ADDITIONAL INSURED(S): DIAMOND BOLINGBROOK LLC, DRI/CHI VETERANS POINT, L.L.C.), ITS AFFILIATES, OFFICERS, DIRECTORS AND EMPLOYEES OF ANY OF THEM, CHI/ACQUISITIONS L.P., CROW HOLDINGS INDUSTRIAL, AND ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC., CONTRACTOR ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC.) AND OWNER (DRI/CHI VETERANS POINT, L.L.C.)

CERTIFICATE HOLDER**CANCELLATION**

ARCO/MURRAY NATIONAL CONSTRUCTION
 COMPANY, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE, IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/30/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES**CERTIFICATE NUMBER:** 204711876**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Contract # I363, Continental Paper Grading, 7250 Santa Fe Drive, Hodgkins, IL 60525.

Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: ARCO/Murray National Tenant Solutions, Inc., Santa Fe Industrial Investors, LLC ("Owner Entity"); UBS Realty Investors, LLC; NAI Hiffman Asset Management, LLC (Managing Agent) and Village of Hodgkins.

Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of Additional Insured(s) for and the Owner, Design/Builder, and their officers, directors, shareholders, employees, agents, or appointed representatives unless restricted by state statutes.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/Murray National Tenant Solutions, Inc.
 3110 Woodcreek Drive
 Downers Grove, IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/22/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C No. Ext): 630-355-2077 FAX (A/C No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER B: The Cincinnati Indemnity Company	23280														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES CERTIFICATE NUMBER: 217131321 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <div style="margin-left: 20px;"> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR </div> <div style="margin-left: 20px;"> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: </div>	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <div style="margin-left: 20px;"> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY </div>	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <div style="float: right;"> Y/N <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A </div>		Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input checked="" type="checkbox"/> Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Contract #: I370, Job Name: Turn3 Mundelein, Job Address: 907 East Orchard Mundelen, IL 60060
 ARCO/Murray National Tenant Solutions, Inc., Orchard Commercial Center, LLC ("Owner Entity"); Pangea Properties; Robert Zgonena are named as Primary Non-Contributory Additional Insureds on General Liability, Auto Liability & Umbrella Liability. A Waiver of Subrogation applies to General Liability, Umbrella Liability, Auto Liability and Workers Compensation in favor of the additional insureds and their officers, directors, shareholders, employees, agents, or appointed representatives. Endorsement Form(s) Attached.

CERTIFICATE HOLDER

ARCO/Murray National Tenant Solutions, Inc. 3110 Woodcreek Drive Downers Grove IL 60515	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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CANCELLATION

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/22/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C No. Ext): 630-355-2077 FAX (A/C No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 217131321**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Contract #: I370, Job Name: Turn3 Mundelein, Job Address: 907 East Orchard Mundelen, IL 60060
 ARCO/Murray National Tenant Solutions, Inc., Orchard Commercial Center, LLC ("Owner Entity"); Pangea Properties; Robert Zgonena are named as Primary Non-Contributory Additional Insureds on General Liability, Auto Liability & Umbrella Liability. A Waiver of Subrogation applies to General Liability, Umbrella Liability, Auto Liability and Workers Compensation in favor of the additional insureds and their officers, directors, shareholders, employees, agents, or appointed representatives. Endorsement Form(s) Attached.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/Murray National Tenant Solutions, Inc. 3110 Woodcreek Drive Downers Grove IL 60515	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/3/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Kathy Waslewski PHONE (A/C, No, Ext): 630-908-5058 FAX (A/C, No): 630-908-4710 E-MAIL ADDRESS: kwas@mctrinka.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Cincinnati Insurance Company	10677														
INSURER B: The Cincinnati Indemnity Company	23280														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 217981170

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.I. EACH ACCIDENT \$ 1,000,000 E.I. DISEASE - EA EMPLOYEE \$ 1,000,000 E.I. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Subcontract #1380-1009, Contract/Job #1380, Cosentino, 801 Innovation Drive, Elk Grove Village, IL 60007 - Warehouse New Office Buildout and Warehouse Improvements.

Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: ARCO/Murray National Tenant Solutions, Inc., EGTP Property Owner LLC, Brennan Management LLC

Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of Additional Insured(s) and the Owner, Design/Builder, and their officers, directors, shareholders, employees, agents, or appointed representatives unless restricted by state statutes.

Endorsement form(s) attached.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/Murray National Tenant Solutions, Inc. 3110 Woodcreek Drive Downers Grove, IL 60515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/5/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Kathy Wasilewski PHONE (A/C, No, Ext): 630-908-5058 FAX (A/C, No): 630-908-4710 E-MAIL ADDRESS: kwas@mctrinka.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER A: Cincinnati Insurance Company	10677														
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INSURER C:															
INSURER D:															
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INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 321797632

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.I. EACH ACCIDENT \$ 1,000,000 E.I. DISEASE - EA EMPLOYEE \$ 1,000,000 E.I. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Contract #1390, Vendor #57639, subcontract #1390-1004, G/L #5060, AIM -3711 S. Ashland, 3711 S. Ashland Avenue, Chicago, IL 60609.
 Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: ARCO/Murray National Tenant Solutions, Inc., Technical Education Services, Inc. d/b/a Aviation Institute of Maintenance, Logistics Property Company and Jones Lang LaSalle, Design/Builder and their officers, directors, shareholders, employees, agents, or appointed representatives.
 Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of the Additional Insureds.
 Endorsement form(s) attached.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/Murray National Tenant Solutions, Inc. 3110 Woodcreek Drive Downers Grove, IL 60515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/18/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Kathy Waslewski PHONE (A/C, No, Ext): 630-908-5058 FAX (A/C, No): 630-908-4710 E-MAIL ADDRESS: kwas@mctrinka.com														
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INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES **CERTIFICATE NUMBER:** 329905164 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.I. EACH ACCIDENT \$ 1,000,000 E.I. DISEASE - EA EMPLOYEE \$ 1,000,000 E.I. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Contract #1377, ClearFlame Engines Geneva, 2633 Kaneville Court Geneva, IL 60134.

Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: ARCO/Murray National Tenant Solutions, Inc., ClearFlame Engine Technologies, Inc and Owner. Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of the Additional Insured's and the Owner, Design/Builder, and their officers, directors, shareholders, employees, agents, or appointed representatives unless restricted by state statutes

Endorsement form(s) attached.

CERTIFICATE HOLDER

ARCO/Murray National Tenant Solutions, Inc. 3110 Woodcreek Drive Downers Grove, IL 60515	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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CANCELLATION

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/8/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Kathy Wasilewski PHONE (A/C, No, Ext): 630-908-5058 FAX (A/C, No): 630-908-4710 E-MAIL ADDRESS: kwas@mctrinka.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 1314121640**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Subcontract #1390-1004, Contract #1390, Vendor #57639, AIM -3711 S. Ashland, 3711 S. Ashland Avenue, Chicago, IL 60609.
 Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: ARCO/Murray National Tenant Solutions, Inc., Technical Education Services, Inc. d/b/a Aviation Institute of Maintenance, Logistics Property Company and Jones Lang LaSalle.
 Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of the Additional Insured(s) and their shareholders, employees, agents, or appointed representatives unless restricted by state statutes.
 Endorsement form(s) attached.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/Murray National Tenant Solutions, Inc. 3110 Woodcreek Drive Downers Grove, IL 60515	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/19/2021

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Kathy Waslewski PHONE (A/C, No, Ext): 630-908-5058 FAX (A/C, No): 630-908-4710 E-MAIL ADDRESS: kwas@mctrinka.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES

CERTIFICATE NUMBER: 923348519

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Subcontract #C523-1000, Contract/Job #C523, Vendor #57639, Tricor Expansion, 825 Veterans Pkwy., Bolingbrook, IL 60440 - Bug Screens. Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: Diamond Bolingbrook LLC, DRI/CHI Veterans Point, L.L.C.), its affiliates, officers, directors and employees of any of them, CHI/Acquisitions, L.P., Crow Holdings Industrial and ARCO/Murray National Construction Company, Inc.

Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of the Additional Insureds and the Owner, Design/Builder, and their officers, directors, shareholders, employees, agents, or appointed representatives unless restricted by state statutes. Endorsement form(s) attached.

CERTIFICATE HOLDER

CANCELLATION

ARCO/Murray National Construction Company, Inc. 3110 Woodcreek Drive Downers Grove, IL 60515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/19/2021

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Kathy Waslewski PHONE (A/C No. Ext): 630-908-5058 FAX (A/C No): 630-908-4710 E-MAIL ADDRESS: kwas@mctrinka.com														
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COVERAGES **CERTIFICATE NUMBER:** 923348519 **REVISION NUMBER:**

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CERTIFICATE HOLDER
CANCELLATION

ARCO/Murray National Construction Company, Inc. 3110 Woodcreek Drive Downers Grove, IL 60515	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/16/2020

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Kathy Waslewski PHONE (A/C, No, Ext): 630-908-5058 FAX (A/C, No): 630-908-4710 E-MAIL ADDRESS: kwas@mctrinka.com														
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INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 1266448920**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <div style="margin-left: 20px;"> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: </div>	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <div style="margin-left: 20px;"> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY </div>	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$6,000,000 AGGREGATE \$6,000,000 \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	<input checked="" type="checkbox"/> Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Job - Contract #C471, Crow Holdings Merrillville, 9401 Georgia St. Merrillville, IN 46410.
 Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: ARCO/Murray, National Construction Company, Inc., CRP/CHI Merrillville Owner, LLC, Ameriplex PRF, LLC and CHI/Acquisitions, LP.
 Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of the Additional Insured(s) and the Owner, Design/Builder, and their officers, directors, shareholders, employees, agents, or appointed representatives unless restricted by state statutes.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/Murray National Construction Company, Inc. 3110 Woodcreek Drive Downers Grove, IL 60515	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/30/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER F :															

COVERAGES**CERTIFICATE NUMBER:** 204711876**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <div style="margin-left: 20px;"> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR </div> <div style="margin-left: 20px;"> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: </div>	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <div style="margin-left: 20px;"> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY </div>	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <div style="margin-left: 20px;"> <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A </div>	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Contract # I363, Continental Paper Grading, 7250 Santa Fe Drive, Hodgkins, IL 60525.

Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: ARCO/Murray National Tenant Solutions, Inc., Santa Fe Industrial Investors, LLC ("Owner Entity"); UBS Realty Investors, LLC; NAI Hiffman Asset Management, LLC (Managing Agent) and Village of Hodgkins.

Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of Additional Insured(s) for and the Owner, Design/Builder, and their officers, directors, shareholders, employees, agents, or appointed representatives unless restricted by state statutes.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/Murray National Tenant Solutions, Inc. 3110 Woodcreek Drive Downers Grove, IL 60515	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/30/2020

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES

CERTIFICATE NUMBER: 204711876

REVISION NUMBER:

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$2,000,000 \$
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A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Contract # I363, Continental Paper Grading, 7250 Santa Fe Drive, Hodgkins, IL 60525.

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CERTIFICATE HOLDER

CANCELLATION

ARCO/Murray National Tenant Solutions, Inc. 3110 Woodcreek Drive Downers Grove, IL 60515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/14/2020

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com														
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INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 289746683**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
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A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Subcontract #C470-1014, Job #C470, Vendor #57639, Frito Lay - Summit Expansion, 7700 Bulldog Drive, Summit, IL, 60501 - 28,273 SF 28,273 SF Warehouse Expansion.

Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: ARCO/Murray National Construction Company, Inc. and Owner (Frito-Lay, Inc.), its subsidiaries, affiliates, directors, and officers.

Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of the Additional Insured(s) and their shareholders, employees, agents, or appointed representatives unless restricted by state statutes.

Endorsement form(s) attached.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/Murray National Construction Company, Inc. 3110 Woodcreek Drive Downers Grove, IL 60515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/26/2020

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com														
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INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 132607929

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Contract #C468 - IGM Elk Grove - 2400 Greenleaf Avenue, Elk Grove Village, IL 60007.

Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: ARCO/Murray National Construction Company, Inc., IL Grown Medicine LLC, 2400 Greenleaf Partners LLC and Kinzie Properties

Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of the Additional Insureds and the Owner, Design/Builder, and their officers, directors, shareholders, employees, agents, or appointed representatives unless restricted by state statutes

Endorsement form(s) attached.

CERTIFICATE HOLDER

CANCELLATION

ARCO/Murray National Construction Company, Inc. 3110 Woodcreek Drive Downers Grove, IL 60515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/3/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Kathy Waslewski PHONE (A/C, No, Ext): 630-908-5058 FAX (A/C, No): 630-908-4710 E-MAIL ADDRESS: kwas@mctrinka.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Cincinnati Insurance Company	10677														
INSURER B: The Cincinnati Indemnity Company	23280														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 217981170

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Subcontract #1380-1009, Contract/Job #1380, Cosentino, 801 Innovation Drive, Elk Grove Village, IL 60007 - Warehouse New Office Buildout and Warehouse Improvements.

Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: ARCO/Murray National Tenant Solutions, Inc., EGTP Property Owner LLC, Brennan Management LLC

Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of Additional Insured(s) and the Owner, Design/Builder, and their officers, directors, shareholders, employees, agents, or appointed representatives unless restricted by state statutes. Endorsement form(s) attached.

CERTIFICATE HOLDER

CANCELLATION

ARCO/Murray National Tenant Solutions, Inc. 3110 Woodcreek Drive Downers Grove, IL 60515	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/8/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Kathy Waslewski PHONE (A/C No. Ext): 630-908-5058 FAX (A/C No): 630-908-4710 E-MAIL ADDRESS: kwas@mctrinka.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 1314121640

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.I. EACH ACCIDENT \$ 1,000,000 E.I. DISEASE - EA EMPLOYEE \$ 1,000,000 E.I. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Subcontract #1390-1004, Contract #1390, Vendor #57639, AIM -3711 S. Ashland, 3711 S. Ashland Avenue, Chicago, IL 60609.
 Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: ARCO/Murray National Tenant Solutions, Inc., Technical Education Services, Inc. d/b/a Aviation Institute of Maintenance, Logistics Property Company and Jones Lang LaSalle.
 Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of the Additional Insured(s) and their shareholders, employees, agents, or appointed representatives unless restricted by state statutes.
 Endorsement form(s) attached.

CERTIFICATE HOLDER

CANCELLATION

ARCO/Murray National Tenant Solutions, Inc. 3110 Woodcreek Drive Downers Grove, IL 60515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/5/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Kathy Waslewski PHONE (A/C, No, Ext): 630-908-5058 FAX (A/C, No): 630-908-4710 E-MAIL ADDRESS: kwas@mctrinka.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Cincinnati Insurance Company	10677														
INSURER B: The Cincinnati Indemnity Company	23280														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 321797632**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Contract #1390, Vendor #57639, subcontract #1390-1004, G/L #5060, AIM -3711 S. Ashland, 3711 S. Ashland Avenue, Chicago, IL 60609.
 Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: ARCO/Murray National Tenant Solutions, Inc., Technical Education Services, Inc. d/b/a Aviation Institute of Maintenance, Logistics Property Company and Jones Lang LaSalle, Design/Builder and their officers, directors, shareholders, employees, agents, or appointed representatives.
 Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of the Additional Insureds.
 Endorsement form(s) attached.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/Murray National Tenant Solutions, Inc. 3110 Woodcreek Drive Downers Grove, IL 60515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/18/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Kathy Waslewski PHONE (A/C, No, Ext): 630-908-5058 FAX (A/C, No): 630-908-4710 E-MAIL ADDRESS: kwas@mctrinka.com
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Insurance Company INSURER B: The Cincinnati Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:
MIDWDOC-01	NAIC # 10677 23280

COVERAGES

CERTIFICATE NUMBER: 329905164

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Contract #1377, ClearFlame Engines Geneva, 2633 Kaneville Court Geneva, IL 60134.

Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: ARCO/Murray National Tenant Solutions, Inc., ClearFlame Engine Technologies, Inc and Owner. Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of the Additional Insured's and the Owner, Design/Builder, and their officers, directors, shareholders, employees, agents, or appointed representatives unless restricted by state statutes

Endorsement form(s) attached.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/Murray National Tenant Solutions, Inc.
 3110 Woodcreek Drive
 Downers Grove, IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/30/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	INSURER A: Cincinnati Insurance Company INSURER B: The Cincinnati Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:
MIDWDOC-01	NAIC #
	10677
	23280

COVERAGES**CERTIFICATE NUMBER:** 204711876**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Contract # I363, Continental Paper Grading, 7250 Santa Fe Drive, Hodgkins, IL 60525.

Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: ARCO/Murray National Tenant Solutions, Inc., Santa Fe Industrial Investors, LLC ("Owner Entity"); UBS Realty Investors, LLC; NAI Hiffman Asset Management, LLC (Managing Agent) and Village of Hodgkins.

Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of Additional Insured(s) for and the Owner, Design/Builder, and their officers, directors, shareholders, employees, agents, or appointed representatives unless restricted by state statutes.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/Murray National Tenant Solutions, Inc.
 3110 Woodcreek Drive
 Downers Grove, IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/22/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No. Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES**CERTIFICATE NUMBER:** 217131321**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Contract #: 1370, Job Name: Turn3 Mundelein, Job Address: 907 East Orchard Mundelen, IL 60060

ARCO/Murray National Tenant Solutions, Inc., Orchard Commercial Center, LLC ("Owner Entity"); Pangea Properties; Robert Zgonena are named as Primary Non-Contributory Additional Insureds on General Liability, Auto Liability & Umbrella Liability. A Waiver of Subrogation applies to General Liability, Umbrella Liability, Auto Liability and Workers Compensation in favor of the additional insureds and their officers, directors, shareholders, employees, agents, or appointed representatives. Endorsement Form(s) Attached.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/Murray National Tenant Solutions, Inc.
 3110 Woodcreek Drive
 Downers Grove IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES**CERTIFICATE NUMBER: 2128002753****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <div style="float: right;"> Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A </div>	Y		EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: CONTRACT #1246, NEUCO- EXTERIOR, 515 CROSSROADS PARKWAY, BOLINGBROOK, IL 60440.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED(S) ON GENERAL LIABILITY, AUTO LIABILITY AND ADDITIONAL INSURED ON UMBRELLA LIABILITY: ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC., LTC REAL ESTATE LLC AND NEUCO INC. WAIVER OF SUBROGATION AS IT PERTAINS TO GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMPENSATION IN FAVOR OF ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC., LTC REAL ESTATE LLC AND NEUCO INC AND THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS, OR APPOINTED REPRESENTATIVES. ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE, IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Cincinnati Insurance Company	10677														
INSURER B: The Cincinnati Indemnity Company	23280														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 1542406518

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: CONTRACT #1278, GRAYMONT OFFICE REMODEL, 1621 W. CARROLL CHICAGO, IL 60612.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED ON GENERAL LIABILITY AND ADDITIONAL INSURED ON AUTO LIABILITY & UMBRELLA LIABILITY: OWNER; ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC. AND GRAYMONT EQUIPMENT DISTRIBUTION, LLC
 WAIVER OF SUBROGATION ON GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA LIABILITY AND WORKERS COMPENSATION APPLIES IN FAVOR OF OWNER, DESIGN/BUILDER, AND THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS, OR APPOINTED REPRESENTATIVES.
 ENDORSEMENT FORMS ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC. 3110 WOODCREEK DRIVE DOWNERS GROVE, IL 60515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES **CERTIFICATE NUMBER: 1445536648** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <div style="float: right;">Y/N <input checked="" type="checkbox"/> Y N/A</div>	Y		EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input type="checkbox"/> Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: CONTRACT #1311, PROJECT MULLIGAN, 3030 CULLERTON STREET, FRANKLIN PARK, IL 60131.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED ON GENERAL LIABILITY AND ADDITIONAL INSURED ON AUTO LIABILITY & UMBRELLA LIABILITY: ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC., WMI CHICAGO, LLC, WESTMOUNT REALTY GROUP, LLC AND WESTMOUNT REALTY CAPITAL, LLC, ADVANCE ELECTRICAL SUPPLY CO., COLLIERS INTERNATIONAL.
 WAIVER OF SUBROGATION ON GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA LIABILITY AND WORKERS COMPENSATION IN FAVOR OF OWNER, DESIGN/BUILDER, AND THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS, OR APPOINTED REPRESENTATIVES.
 ENDORSEMENT FORMS ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC. 3110 WOODCREEK DRIVE DOWNERS GROVE, IL 60515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Cincinnati Insurance Company	10677														
INSURER B: The Cincinnati Indemnity Company	23280														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 1290902559

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: #1223 1640 W CARROLL AVE, CHICAGO, IL 60612-INTERIOR & EXTERIOR RENOVATION. ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC, PEPPERCORN 1640, LLC; PEPPERCORN CAPITAL, LLC, JEFFREY SELL ASSOCIATES, INC AND WDN ARCHITECTURE, LLC ARE ADDITIONAL INSURED FOR GENERAL LIABILITY, AUTO LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS AND UMBRELLA. WAIVER OF SUBROGATION ALSO APPLIES ON THE GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA AND WORKERS COMPENSATION IN FAVOR OF ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC, PEPPERCORN 1640, LLC, PEPPERCORN CAPITAL, LLC, JEFFREY SELL ASSOCIATES, INC AND WDN ARCHITECTURE, LLC.

CERTIFICATE HOLDER

CANCELLATION

ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC. 3110 WOODCREEK DRIVE DOWNERS GROVE IL 60515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

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3/16/2020

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: col@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES **CERTIFICATE NUMBER:** 1134290356 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: JOB #1296 1020 N ELSTON CHICAGO, IL 60642.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED ON GENERAL LIABILITY, AUTO LIABILITY AND ADDITIONAL INSURED ON UMBRELLA LIABILITY: ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC., SKYFALL OWNER LLC, THEIR MEMBERS, MANAGERS, DIRECTORS, OFFICERS, EMPLOYEES, AFFILIATES, SUCCESSORS, AND ASSIGNS (OWNER ENTITIES) AND NORTHBROOK BANK & TRUST COMPANY. WAIVER OF SUBROGATION ON GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA LIABILITY AND WORKERS COMPENSATION APPLIES IN FAVOR OF THE ADDITIONAL INSURED. ENDORSEMENT FORMS ATTACHED.

CERTIFICATE HOLDER
CANCELLATION

ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE, IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: col@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Cincinnati Insurance Company	10677														
INSURER B: The Cincinnati Indemnity Company	23280														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 830016397

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$	
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: JOB #1321, SUBCONTRACT #1321-1005, VENDOR #57639, CSI #08-1100, PAPER TIGERS, 7220 SANTA FE DRIVE, HODGKINS, IL 60525. PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED(S) ON GENERAL LIABILITY, AUTO LIABILITY AND ADDITIONAL INSURED(S) ON UMBRELLA LIABILITY: SANTA FE INDUSTRIAL INVESTORS, LLC ("OWNER ENTITY"); VILLAGE OF HODGKINS; UBS REALTY INVESTORS, LLC; NAI HIFFMAN ASSET MANAGEMENT, LLC (MANAGING AGENT), CONTRACTOR ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC. AND OWNER (SANTA FE INDUSTRIAL INVESTORS, LLC C/O NAI HIFFMAN ASSET MANAGEMENT, LLC).
 WAIVER OF SUBROGATION ON GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA LIABILITY AND WORKERS COMPENSATION APPLIES IN FAVOR OF THE ADDITIONAL INSURED(S) AND THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS, OR APPOINTED REPRESENTATIVES.
 ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC. 3110 WOODCREEK DRIVE DOWNS GROVE, IL 60515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C No. Ext): 630-355-2077 FAX (A/C No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES**CERTIFICATE NUMBER:** 807482256**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <div style="float: right;">Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A</div>			EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Job#: I299 - BrandSafway - 5000 S. Homan Avenue, Chicago, IL
 ARCO/Murray National Tenant Solutions, Inc.; BrandSafway Industries, LLC are named as Primary Non-Contributory Additional Insureds on General Liability and Auto Liability & Additional Insureds on Umbrella Liability. A Waiver of Subrogation applies to General Liability in favor of the additional insureds.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/Murray National Tenant Solutions, Inc. 3110 Woodcreek Drive Downers Grove IL 60515	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C No. Ext): 630-355-2077 FAX (A/C No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES**CERTIFICATE NUMBER:** 127432423**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <div style="float: right;"> Y / N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N / A </div>	Y		EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: #1245 SYSCO FOOD-HUB OFFICE, 501 S WOLF ROAD, DES PLAINES, IL.
 ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC AND SYSCO CHICAGO, INC. ARE ADDITIONAL INSURED FOR GENERAL LIABILITY, AUTO LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS AND UMBRELLA. WAIVER OF SUBROGATION ALSO APPLIES ON THE GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA AND WORKERS COMPENSATION IN FAVOR OF ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC AND SYSCO CHICAGO, INC.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC. 3110 WOODCREEK DRIVE DOWNERS GROVE IL 60515	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: col@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Cincinnati Insurance Company	10677														
INSURER B: The Cincinnati Indemnity Company	23280														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 46627992

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: CONTRACT #1194 - MIDWAY FAST PARK, 5507 S. ARCHER AVENUE, CHICAGO, IL 60638.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED ON GENERAL LIABILITY, AUTO LIABILITY AND UMBRELLA LIABILITY: ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC.; CP-MIDWAY BUSINESS CENTER LLC; CP-MIDWAY BUSINESS CENTER MANAGER, LLC; PARKING COMPANY OF AMERICA, INC., AND OTHER PARTIES DESIGNATED BY OWNER.
 WAIVER OF SUBROGATION ON GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA LIABILITY AND WORKERS COMPENSATION IN FAVOR OF OWNER, DESIGN/BUILDER, AND THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS, OR APPOINTED REPRESENTATIVES.
 ENDORSEMENT FORMS ATTACHED.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC. 3110 WOODCREEK DRIVE DOWNERS GROVE, IL 60515	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/20/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: col@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES**CERTIFICATE NUMBER:** 1031690134**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 500,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	ENP 0314304	3/13/2020	3/13/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$ 6,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$ 6,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$ 6,000,000	AGGREGATE	\$ 6,000,000		\$								
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B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <div style="text-align: right;">Y / N <input checked="" type="checkbox"/> Y N / A</div>		Y	EWC 0314305	3/13/2020	3/13/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td>\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td>\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td>\$ 1,000,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT		\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000	E.L. DISEASE - POLICY LIMIT		\$ 1,000,000		
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A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250														

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: #P156 ASSEMBLERS MCCOOK BAR LAND, 8601 WEST 47TH ST, MCCOOK, IL 60525.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED(S) ON GENERAL LIABILITY, AUTO LIABILITY AND ADDITIONAL INSURED(S) ON UMBRELLA LIABILITY: ARCO/MURRAY NATIONAL PROCESS SOLUTIONS, INC; ASSEMBLERS, INC. WAIVER OF SUBROGATION ON GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA LIABILITY AND WORKERS COMPENSATION APPLIES IN FAVOR OF THE ADDITIONAL INSURED(S). ENDORSEMENT FORMS ATTACHED.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/MURRAY NATIONAL PROCESS SOLUTIONS, INC. 3110 WOODCREEK DRIVE DOWNERS GROVE, IL 60515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Kathy Waslewski PHONE (A/C, No. Ext): 630-908-5058 FAX (A/C, No): 630-908-4710 E-MAIL ADDRESS: kwas@mctrinka.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** 1266448920 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$6,000,000 AGGREGATE \$6,000,000 \$
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A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Job - Contract #C471, Crow Holdings Merrillville, 9401 Georgia St. Merrillville, IN 46410.

Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: ARCO/Murray, National Construction Company, Inc., CRP/CHI Merrillville Owner, LLC, Ameriplex PRF, LLC and CHI/Acquisitions, LP.

Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of the Additional Insured(s) and the Owner, Design/Builder, and their officers, directors, shareholders, employees, agents, or appointed representatives unless restricted by state statutes.

CERTIFICATE HOLDER

ARCO/Murray National Construction Company, Inc.
 3110 Woodcreek Drive
 Downers Grove, IL 60515

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/19/2021

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Kathy Waslewski PHONE (A/C, No, Ext): 630-908-5058 FAX (A/C, No): 630-908-4710 E-MAIL ADDRESS: kwas@mctrinka.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:															
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COVERAGES**CERTIFICATE NUMBER:** 923348519**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Subcontract #C523-1000, Contract/Job #C523, Vendor #57639, Tricor Expansion, 825 Veterans Pkwy., Bolingbrook, IL 60440 - Bug Screens. Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: Diamond Bolingbrook LLC, DRI/CHI Veterans Point, L.L.C.), its affiliates, officers, directors and employees of any of them, CHI/Acquisitions, L.P., Crow Holdings Industrial and ARCO/Murray National Construction Company, Inc. Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of the Additional Insureds and the Owner, Design/Builder, and their officers, directors, shareholders, employees, agents, or appointed representatives unless restricted by state statutes. Endorsement form(s) attached.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/Murray National Construction Company, Inc. 3110 Woodcreek Drive Downers Grove, IL 60515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/14/2020

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PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: Certificate Team PHONE (A/C, No. Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES**CERTIFICATE NUMBER:** 289746683**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Subcontract #C470-1014, Job #C470, Vendor #57639, Frito Lay - Summit Expansion, 7700 Bulldog Drive, Summit, IL, 60501 - 28,273 SF 28,273 SF Warehouse Expansion.
 Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: ARCO/Murray National Construction Company, Inc. and Owner (Frito-Lay, Inc.), its subsidiaries, affiliates, directors, and officers.
 Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of the Additional Insured(s) and their shareholders, employees, agents, or appointed representatives unless restricted by state statutes.
 Endorsement form(s) attached.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/Murray National Construction Company, Inc. 3110 Woodcreek Drive Downers Grove, IL 60515	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
--	--

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/26/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC 1811 High Grove, Suite 139 Naperville IL 60540-9100		CONTACT NAME: Certificate Team PHONE (A/C, No. Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: COI@esserhayes.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Cincinnati Insurance Company	10677
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475		INSURER B: The Cincinnati Indemnity Company	23280
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 132607929

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y Y	ENP 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV		ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Contract #C468 - IGM Elk Grove - 2400 Greenleaf Avenue, Elk Grove Village, IL 60007.

Primary/Non-Contributory Additional Insured(s) for General Liability, Auto Liability and Additional Insured(s) for Umbrella Liability: ARCO/Murray National Construction Company, Inc., IL Grown Medicine LLC, 2400 Greenleaf Partners LLC and Kinzie Properties

Waiver of Subrogation on General Liability, Auto Liability, Umbrella Liability and Workers Compensation applies in favor of the Additional Insureds and the Owner, Design/Builder, and their officers, directors, shareholders, employees, agents, or appointed representatives unless restricted by state statutes

Endorsement form(s) attached.

CERTIFICATE HOLDER

CANCELLATION

ARCO/Murray National Construction Company, Inc.
 3110 Woodcreek Drive
 Downers Grove, IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 2030351947

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: C313 CROW HOLDINGS INDUSTRIAL CHANNAHON SPECULATIVE WAREHOUSE.
 CROW HOLDINGS INDUSTRIAL; CHI/ACQUISITIONS L.P.; CHANNAHON CC, L.L.C., A DELAWARE LIMITED COMPANY, C/O WEIL, GOTSHALL & MANGES LLP; MORTGAGEE CLAUSE BOKF, NA DBA BANK OF TEXAS ATTN: INSURANCE MONITORING; MARK K. CLARK REVOCABLE TRUST; JACQUELINE R. HESS REVOCABLE TRUST; ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC ARE ADDITIONAL INSURED FOR GENERAL LIABILITY AND AUTO LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS & UMBRELLA. WAIVER OF SUBROGATION ALSO APPLIES ON THE GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA AND WORKERS COMPENSATION IN FAVOR OF THE ADDITIONAL INSURED.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC. 3110 WOODCREEK DRIVE DOWNERS GROVE IL 60515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/16/2020

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com
INSURER(S) AFFORDING COVERAGE	
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	INSURER A: Cincinnati Insurance Company INSURER B: The Cincinnati Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 1840879374

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: #C181 990 VETERANS PARKWAY. ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC., VETERANS PARKWAY-BOLINGBROOK LLC (OWNER) AND DISTRIBUTION REALTY GROUP, LLC ARE ADDITIONAL INSUREDS FOR GENERAL LIABILITY, AUTO LIABILITY AND UMBRELLA ON A PRIMARY & NON-CONTRIBUTORY BASIS. WAIVER OF SUBROGATION ALSO APPLIES ON THE GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA AND WORKERS COMPENSATION IN FAVOR OF VETERANS PARKWAY-BOLINGBROOK LLC AND ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC. AND THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS OR APPOINTED REPRESENTATIVES.

CERTIFICATE HOLDER

CANCELLATION

ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC. 3110 WOODCREEK DRIVE DOWNERS GROVE IL 60515	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: col@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 1508902163

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <div style="margin-left: 20px;"> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: </div>	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <div style="margin-left: 20px;"> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS </div>	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.I. EACH ACCIDENT \$ 1,000,000 E.I. DISEASE - EA EMPLOYEE \$ 1,000,000 E.I. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input checked="" type="checkbox"/> Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: CONTRACT #C358, SUBCONTRACT #C358-1016, VENDOR #57639, CROW HOLDINGS LAMBERT BOLINGBROOK, 775 VETERANS PKWY; 825 VETERANS PKWY; 875 WINDHAM PKWY; 850 WINDHAM BOLINGBROOK, IL.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED(S) ON GENERAL LIABILITY AND ADDITIONAL INSURED(S) ON AUTO LIABILITY & UMBRELLA LIABILITY: DIAMOND BOLINGBROOK LLC, DRI/CHI VETERANS POINT, L.L.C., ITS AFFILIATES, OFFICERS, DIRECTORS AND EMPLOYEES OF ANY OF THEM, CHI/ACQUISITIONS L.P., CROW HOLDINGS INDUSTRIAL, AND ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC., CONTRACTOR (ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC.) AND OWNER (DRI/CHI VETERANS POINT, L.L.C.)
 WAIVER OF SUBROGATION ON GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA LIABILITY AND WORKERS COMPENSATION APPLIES IN FAVOR OF OWNER, DESIGN/BUILDER, AND THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS, OR APPOINTED
 See Attached...

CERTIFICATE HOLDER

CANCELLATION

ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC. 3110 WOODCREEK DRIVE DOWNERS GROVE, IL 60515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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AGENCY CUSTOMER ID: MIDWE11

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Esser Hayes Insurance Group		NAMED INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCEREPRESENTATIVES.
ENDORSEMENT FORMS ATTACHED.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL: col@esserhayes.com ADDRESS:														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Cincinnati Insurance Company	10677														
INSURER B: The Cincinnati Indemnity Company	23280														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 1348268515

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input type="checkbox"/> Leased/Rented Equipment <input type="checkbox"/> Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: SUBCONTRACT #C327-1013, JOB #C327, CSI #08-1100, VENDOR #57639 - CROW HOLDINGS INDUSTRIAL - FRANKLIN PARK SPECULATIVE WAREHOUSE, 3311 CHARLES STREET, FRANKLIN PARK, IL 60131.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED ON GENERAL LIABILITY AND ADDITIONAL INSURED ON AUTO LIABILITY AND UMBRELLA LIABILITY: CROW HOLDINGS INDUSTRIAL; 3311 CHARLES, L.L.C. (OWNER); ASSOCIATED BANK, NATIONAL ASSOCIATION ISAOA, P.O. BOX 12768 - GREEN BAY, WI 54307 AND ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC. (CONTRACTOR) AND THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS, OR APPOINTED REPRESENTATIVES.
 WAIVER OF SUBROGATION AS IT PERTAINS TO GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA LIABILITY AND WORKERS COMPENSATION IN FAVOR OF THE ADDITIONAL INSURED.

CERTIFICATE HOLDER

CANCELLATION

ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC. 3110 WOODCREEK DRIVE DOWNERS GROVE, IL 60515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES **CERTIFICATE NUMBER:** 1019640509 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <div style="float: right;"> Y / N <input checked="" type="checkbox"/> Y N / A </div>		Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: SUBCONTRACT # C358T_1001, JOB - CONTRACT #C358T - TRICORBRAUN TI, 825 VETERANS PKWY, SUITE A, BOLINGBROOK, IL.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED(S) ON GENERAL LIABILITY AND AUTO LIABILITY WITH A WAIVER OF SUBROGATION ON GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMPENSATION APPLIES IN FAVOR OF THE ADDITIONAL INSURED(S): DIAMOND BOLINGBROOK LLC, DRI/CHI VETERANS POINT, L.L.C.), ITS AFFILIATES, OFFICERS, DIRECTORS AND EMPLOYEES OF ANY OF THEM, CHI/ACQUISITIONS L.P., CROW HOLDINGS INDUSTRIAL, AND ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC., CONTRACTOR ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC.) AND OWNER (DRI/CHI VETERANS POINT, L.L.C.)

CERTIFICATE HOLDER

CANCELLATION

ARCO/MURRAY NATIONAL CONSTRUCTION
 COMPANY, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE, IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES**CERTIFICATE NUMBER:** 928510285**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: C289 MCP PORTAGE, 6750 DANIEL BURNHAM DRIVE, PORTAGE, IN 46368. ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC. AND MCP USA, INC. ARE ADDITIONAL INSURED FOR GENERAL LIABILITY AND AUTO LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS & UMBRELLA. WAIVER OF SUBROGATION ALSO APPLIES ON THE GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA AND WORKERS COMPENSATION IN FAVOR OF ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC AND MCP USA, INC.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC. 3110 WOODCREEK DRIVE DOWNERS GROVE IL 60515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

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IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No. Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES **CERTIFICATE NUMBER:** 832180390 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <div style="float: right;"> Y/N <input checked="" type="checkbox"/> Y N/A </div>		Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 JOB: C369 1500 N MICHAEL-SNYDER'S LANCE TI, 1500 N MICHAEL DRIVE, WOOD DALE, IL 60191. ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC; DISTRIBUTION REALTY GROUP LLC, CH REALTY VII-DRG CHICAGO; NORTH MICHAEL, LLC; S-L DISTRIBUTION COMPANY, LLC ARE ADDITIONAL INSURED FOR GENERAL LIABILITY AND AUTO LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS & UMBRELLA. WAIVER OF SUBROGATION ALSO APPLIES ON THE GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA AND WORKERS COMPENSATION IN FAVOR OF THE ADDITIONAL INSURED.

CERTIFICATE HOLDER

ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE IL 60515

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 779738330

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <div style="float: right;"> Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A </div>		Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: #C244 CHANCELLORY DISTRIBUTION CENTER, 1500 N MICHAEL DRIVE, WOOD DALE, IL 60191. ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC., DISTRIBUTION REALTY GROUP, LLC; DRG REALTY GROUP, LLC ARE ADDITIONAL INSURED FOR GENERAL LIABILITY AND AUTO LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS & UMBRELLA. WAIVER OF SUBROGATION ALSO APPLIES ON THE GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA AND WORKERS COMPENSATION IN FAVOR OF ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC; DISTRIBUTION REALTY GROUP, LLC; DRG REALTY GROUP, LLC.

CERTIFICATE HOLDER

CANCELLATION

ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC. 3110 WOODCREEK DRIVE DOWNERS GROVE IL 60515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C No. Ext): 630-355-2077 FAX (A/C No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 475649694

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: #C207 CENTRUM 606, 1767 N MILWAUKEE, CHICAGO, IL 60647. ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC., MILWAUKEE LEAVITT OWNER, LLC; NRG MILWAUKEE LEAVITT, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY; CP2 MANAGEMENT LLC, AN ILLINOIS LIMITED LIABILITY COMPANY; FIRST MIDWEST BANK, ITS SUCCESSORS AND ASSIGNS ARE ADDITIONAL INSURED FOR GENERAL LIABILITY, AUTO LIABILITY AND UMBRELLA ON A PRIMARY & NON-CONTRIBUTORY BASIS. WAIVER OF SUBROGATION ALSO APPLIES ON THE GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA AND WORKERS COMPENSATION IN FAVOR OF ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC; MILWAUKEE LEAVITT OWNER, LLC; NRG MILWAUKEE LEAVITT, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY; CP2 MANAGEMENT LLC, AN ILLINOIS LIMITED LIABILITY COMPANY; FIRST MIDWEST BANK, ITS SUCCESSORS AND ASSIGNS.

CERTIFICATE HOLDER

CANCELLATION

ARCO/MURRAY NATIONAL CONSTRUCTION
 COMPANY, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER C :															
INSURER D :															
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INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 421594669

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <div style="margin-left: 20px;"> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR </div> <div style="margin-left: 20px;"> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: </div>	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <div style="margin-left: 20px;"> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS </div>	Y		EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <div style="margin-left: 20px;"> <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A </div>	Y		ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <div style="float: right; text-align: right;"> Y/N <input checked="" type="checkbox"/> Y N/A </div>		Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input type="checkbox"/> Leased/Rented Equipment <input type="checkbox"/> Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: SUBCONTRACT #C301-1008, JOB #C301- DRG 220 N. YORK ROAD, 190,000 SF SPEC. WAREHOUSE, 220 N. YORK ROAD, BENSENVILLE, IL 60106.

PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSUREDS ON GENERAL LIABILITY & ADDITIONAL INSUREDS ON AUTO LIABILITY AND UMBRELLA LIABILITY: ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC.; DRG LLC; EWA CHICAGO YORK OWNER, LLC (OWNER ENTITY); DRG ILLINOIS DEVELOPMENT II, LLC AND DISTRIBUTION REALTY GROUP, LLC.

WAIVER OF SUBROGATION AS IT PERTAINS TO GENERAL LIABILITY AND WORKERS COMPENSATION IN FAVOR DRG, LLC; ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC. AND THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS, OR APPOINTED REPRESENTATIVES. ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC. 3110 WOODCREEK DRIVE DOWNERS GROVE, IL 60515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

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INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER B : The Cincinnati Indemnity Company	23280														
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COVERAGES**CERTIFICATE NUMBER:** 199309480**REVISION NUMBER:**

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 500,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
EACH OCCURRENCE	\$ 1,000,000																				
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GENERAL AGGREGATE	\$ 2,000,000																				
PRODUCTS - COMP/OP AGG	\$ 2,000,000																				
	\$																				
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000																				
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PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$ 6,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$ 6,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$ 6,000,000	AGGREGATE	\$ 6,000,000		\$								
EACH OCCURRENCE	\$ 6,000,000																				
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B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <div style="float: right;"> Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A </div>		Y	EWC 0314305	3/13/2020	3/13/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td>\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td>\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td>\$ 1,000,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT		\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000	E.L. DISEASE - POLICY LIMIT		\$ 1,000,000		
<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER																				
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E.L. DISEASE - POLICY LIMIT		\$ 1,000,000																			
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250														

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: #CP4790 EXETER LOCKPORT, 163RD STREET, LOCKPORT, IL.
 ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY INC AND EXETER PROPERTY GROUP ARE ADDITIONAL INSURED FOR GENERAL LIABILITY, AUTO LIABILITY AND UMBRELLA ON A PRIMARY & NON-CONTRIBUTORY BASIS. WAIVER OF SUBROGATION ALSO APPLIES ON THE GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA AND WORKERS COMPENSATION IN FAVOR OF EXETER PROPERTY GROUP AND ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC AND THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS OR APPOINTED REPRESENTATIVES.

CERTIFICATE HOLDER**CANCELLATION**

ARCO/MURRAY NATIONAL CONSTRUCTION
 COMPANY, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/7/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 1209568420**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2019	3/13/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2019	3/13/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2019	3/13/2020	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2019	3/13/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input checked="" type="checkbox"/> Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2019	3/13/2020	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: SUBCONTRACT # C358T_1001, JOB - CONTRACT #C358T - TRICORBRAUN TI, 825 VETERANS PKWY, SUITE A, BOLINGBROOK, IL.
 PRIMARY/NON-CONTRIBUTORY ADDITIONAL INSURED(S) ON GENERAL LIABILITY AND AUTO LIABILITY WITH A WAIVER OF SUBROGATION ON GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMPENSATION APPLIES IN FAVOR OF THE ADDITIONAL INSURED(S): DIAMOND BOLINGBROOK LLC, DRI/CHI VETERANS POINT, L.L.C., ITS AFFILIATES, OFFICERS, DIRECTORS AND EMPLOYEES OF ANY OF THEM, CHI/ACQUISITIONS L.P., CROW HOLDINGS INDUSTRIAL, AND ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC., CONTRACTOR ARCO/MURRAY NATIONAL CONSTRUCTION COMPANY, INC. AND OWNER (DRI/CHI VETERANS POINT, L.L.C.)

CERTIFICATE HOLDER**CANCELLATION**

ARCO/MURRAY NATIONAL CONSTRUCTION
 COMPANY, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE, IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C No. Ext): 630-355-2077 FAX (A/C No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 1706288951

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: #193 LIMITLESS COFFEE & TEA, 1500 W CARROLL, SUITE 100B, CHICAGO, IL 60607. ARCO/MURRAY NATIONAL CHICAGO, INC AND LIMITLESS COFFEE, LLC ARE ADDITIONAL INSURED FOR GENERAL LIABILITY, AUTO LIABILITY AND UMBRELLA ON A PRIMARY & NON-CONTRIBUTORY BASIS. WAIVER OF SUBROGATION ALSO APPLIES ON THE GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA AND WORKERS COMPENSATION IN FAVOR OF LIMITLESS COFFEE, LLC AND ARCO/MURRAY NATIONAL CHICAGO, INC AND THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS OR APPOINTED REPRESENTATIVES.

CERTIFICATE HOLDER

CANCELLATION

ARCO/MURRAY NATIONAL CHICAGO, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: col@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B: The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B: The Cincinnati Indemnity Company	23280	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 1536950178

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <div style="margin-left: 20px;"> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: </div>	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <div style="margin-left: 20px;"> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS </div>	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input type="checkbox"/> Leased/Rented Equipment <input type="checkbox"/> Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 JOB: #1201 NOVOLEX MCCOOK, 9500 WEST 55TH STREET, SUITE B, MCCOOK, IL 60525. ARCO/MURRAY NATIONAL CHICAGO, INC, WEST 55TH STREET INVESTORS, LLC (OWNER ENTITY), NAI HIFFMAN ASSET MANAGEMENT, LLC (AS AGENT), AND UBS REALTY INVESTORS, LLC ARE ADDITIONAL INSURED FOR GENERAL LIABILITY, AUTO LIABILITY ON A PRIMARY & NON-CONTRIBUTORY BASIS AND UMBRELLA. WAIVER OF SUBROGATION ALSO APPLIES ON THE GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA AND WORKERS COMPENSATION IN FAVOR OF ARCO/MURRAY NATIONAL CHICAGO, INC, WEST 55TH STREET INVESTORS, LLC (OWNER ENTITY), NAI HIFFMAN ASSET MANAGEMENT, LLC (AS AGENT), AND UBS REALTY INVESTORS, LLC AND THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS OR APPOINTED REPRESENTATIVES.

CERTIFICATE HOLDER

CANCELLATION

ARCO/MURRAY NATIONAL CHICAGO, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

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PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: col@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 1480862129

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Special Form, ACV			ENP 0314304	3/13/2020	3/13/2021	Limit: \$25,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JOB: #1 177 GRAYMONT MEDICAL, 1621 W CARROLL, CHICAGO, IL. ARCO/MURRAY NATIONAL CHICAGO, INC AND GRAYMONT PROPERTIES LLC ARE ADDITIONAL INSURED FOR GENERAL LIABILITY, AUTO LIABILITY AND UMBRELLA ON A PRIMARY & NON-CONTRIBUTORY BASIS. WAIVER OF SUBROGATION ALSO APPLIES ON THE GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA AND WORKERS COMPENSATION IN FAVOR OF GRAYMONT PROPERTIES LLC AND ARCO/MURRAY NATIONAL CHICAGO, INC AND THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS OR APPOINTED REPRESENTATIVES.

CERTIFICATE HOLDER

CANCELLATION

ARCO/MURRAY NATIONAL CHICAGO, INC.
 3110 WOODCREEK DRIVE
 DOWNERS GROVE IL 60515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/17/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-579-0001 E-MAIL ADDRESS: coi@esserhayes.com														
INSURED Midwest Dock Solutions 27 East 36th Place Steger IL 60475	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : The Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 225087825

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	EBA 0314304	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A	Y	Y	ENP 0314304	3/13/2020	3/13/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	EWC 0314305	3/13/2020	3/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: ARCO JOB #1343, INTENT TO HIRE - BROOKLYN BOULDERS - CLYBOURN, 2121 N. CLYBOURN, CHICAGO, IL 60614 - TRADE: OVERHEAD DOORS.
 ADDITIONAL INSURED(S) ON GENERAL LIABILITY, AUTO LIABILITY AND UMBRELLA LIABILITY: ARCO MURRAY NATIONAL TENANT SOLUTIONS, INC.; NORTH SIDE CLIMBING GYM COMPANY LLC (D/B/A BROOKLYN BOULDERS CHICAGO) ("OWNER ENTITY"); FIFTH CONCERTO HOLDCO, INC.; NORTH SIDE CLIMBING CLUB LLC C/O FIFTH CONCERTO HOLDCO, INC.; MARKET SQUARE SHOPPING CENTER LLC C/O VINCIT CAPITAL MANAGEMENT, INC.
 WAIVER OF SUBROGATION ON GENERAL LIABILITY, AUTO LIABILITY, UMBRELLA LIABILITY AND WORKERS COMPENSATION APPLIES IN FAVOR OF THE ADDITIONAL INSURED(S).
 ENDORSEMENT FORM(S) ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

ARCO MURRAY NATIONAL TENANT SOLUTIONS, INC. 3110 WOODCREEK DRIVE DOWNERS GROVE, IL 60515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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